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CLINICAL LECTURES.

WEIGHT OF CHILDREN AT BIRTH —CYSTITIS IN PREGNANCY.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL

BY THEOPHILUS PARVIN, M.D., LL.D.,

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[Reported by WILLIAM H. MORRISON, M.D.]

GENTLEMEN: Before presenting any patients I shall call your attention to some very interesting statistics obtained from the hospital register, as to the weights of a thousand babies at birth; five hundred of these being males,a nd the others females. You know the stereotyped statement of most of our obstetric text-books is that the weight of the new-born is from six to seven pounds, but the facts which I shall make known to you contradict this assertion. I am very much indebted to Dr. R. J. Phillips, one of the residents, for the faithful work he has done at my request, in preparing these statistics, placed in my hands this morning. Now, let us see the results which he has obtained. The average weight of 500 male children is 7 lbs. 7.956 ounces; that of 500 females is 7 lbs. 1.726 ounces, and the average of the thousand gives us 7 lbs. 4.891 ounces as the weight of the new-born infant. It would then be safe to say that the usual weight of a male child at term is seven pounds and a half, and that of a female is a little over seven pounds. I feel confident that these weights express very nearly the truth. Most of the mothers were primiparæ, and as doubtless you know a woman's largest child is not usually her first-born, unless the pregnancy occur about the middle of her reproductive life. The general law of weight is, as stated by Wernich, the product of a subsequent pregnancy exceeds in weight and length that of a previous pregnancy. But, on the other hand, the majority of these women are, so far as my observation goes, of good size, well-developed, and thus we may find possibly a compensating error for that just referred to.

Another interesting fact which Dr. Phillips tells me is that in only one of these thousand cases did a child weigh eleven pounds, and as might be expected, it was of the male sex; the heaviest female child weighed a trifle over ten pounds. In the light of these facts it is well for us to exercise some doubt when we are told that an infant at birth weighed twelve pounds or more. Such stories you will occasionally hear, and sometimes they are true, but before giving them absolute faith, better know the accuracy of the scales that were used, and the competency and reliability of the party who did the weighing.

The results that Dr. Phillips has obtained, I think, are quite interesting as well as valuable. And this is part which I suggested to the gentlemen who were on duty in the obstetric department of the Hospital when my term of service began. Every doctor is a debtor to his profession, and my debt was greatly increased when honored with an appointment upon the staff, so that it has been my desire and effort to draw from the hospital statistics, and from the patients under my charge some facts which may be useful to professors. Investigations as to the frequency of albuminuria in pregnancy, in labor, and in the puerperal state,

the presence of sugar in the urine of women after labor, the relation between pulse, respiration, and temperature, when normal convalescence was hindered and delayed, or where serious disease occurred, the rate of uterine involution, the character of the lochial flow normally, and its alterations in attacks of septicæmia—these have been made the objects of special study. The *internes* have proved cordial, faithful, enthusiastic workers, and I trust some of the results thus reached, or that will be, may prove of value to the profession. This hospital offers very great advantages for the study not only of normal puerperal convalescence, but also of many of the puerperal diseases. Facts are all-important. First get facts, and then if you have enough of them and know how to read them, you may learn their underlying law, the truth which they teach.

Cystitis in Pregnancy.—This patient is said to be six months pregnant, and to be suffering from cystitis. As I have not seen her before, of course, from my own knowledge, I cannot say that either statement is true. The fact that cystitis may occur in pregnancy, and especially in puerperality, is of course well-known, but possibly may not have received the attention it deserves, and may be more frequent than commonly thought. While cystic disorder is very often simply the expression of uterine disease, we should not be in haste in any case to decide thus, but a full investigation ought to be made.

I am told that this woman has to have a catheter used three times every twenty hours. This inability to pass urine is an uncommon accident of pregnancy, but a common one of the puerperal state. Independently of the latter, hysterical retention of urine is that which you will most frequently meet with in the female, and in such cases you will be sometimes puzzled to know whether the retention comes from a morbid desire to have the catheter used, or whether there is a real inability to urinate, for you will meet with patients of each sort, those who will not, and those who cannot.

The number of times this woman has the catheter used is that which will be sometimes required when a catheter is needed after labor, thrice in the twenty-four hours, but in most cases twice in that time will be often enough. The late Dr. Dewees, who has been so justly called the father of American obstetrics, directed catheterization but once in the twenty-four hours, but it seems to me the women of his day had more capacious urinary receptacles, bigger bladders than women now have, if one evacuation of urine in twenty-four hours was all they needed. While alluding to retention of urine after labor, let me suggest to you, always be sure that your patient has her bladder emptied twelve, or at most eighteen hours after her delivery, and as to the fact that the bladder has been emptied, find out for yourself by knowing the quantity of urine passed, or, by abdominal palpation; do not trust merely to the statement of the nurse, and especially be quickened to doubt if told that the urine comes away all the time, for that is often the indication of great retention; the urine dribbles away, the contractile power of the bladder being lost, as water flows over a swollen dam. In case of doubt even, it would be better to use the catheter, nay, introduce the catheter a dozen times when it is not needed, rather than fail to use it once when it is needed. Failure to know by such introduction that the bladder is empty, trusting the word of attendants, has led to the most deplorable errors in diagnosis, and if I have spoken earnestly, positively upon this point, it is because I was thus led, by trusting the statement of attendants, to commit such an error. As I have said to you before, and as I may say to you again in the course of these lectures, beware of accepting in your practice the statements of man or woman as to facts which you can learn with your own senses.

Returning, this patient's urine is alkaline, and it contains a large amount of mucus and epithelium. As no pus is found in the urine the disorder would be called a mucous cystitis, and as the trouble is of several weeks' duration it is chronic. No statement is given as to the specific gravity of the urine, but probably that is less than normal, this reduction being in part to be attributed to the larger amount of fluids which patients thus suffering usually take, but partly to a positive diminution of urea and of uric acid. A further cause is supposed to be found in a sympathetic, or rather reflex, hyperæmia of the kidneys, causing an increase in the watery portion of the urine. If the patient has cystitis, can we connect the disorder with her condition, supposing her to be, as has been stated, pregnant? As to whether she really is pregnant, that will be

decided after a few minutes when I have spoken of how the pregnant condition may cause disorder of the bladder. It is not extraordinary that neighboring organs should be affected by the vastly increased quantity of blood which flows to the pregnant uterus; they participate to some degree in the hyperæmia, and there is thus given a liability to inflammation, a sort of morbid predisposition. Again, the changes in the position of the uterus in pregnancy necessarily cause changes in the position of the bladder; the former organ cannot descend in the pelvis in the earlier months of pregnancy—and discent of the uterus is generally taught—without becoming somewhat retroverted, and hence dragging upon the utero-vesical ligaments, and pressure upon the bladder or upon the urethra; while, if complete retroversion or retroflexion should occur, of course the interference with the function of the bladder will be plain, and may become very dangerous. The enlarged uterus of the latter months of pregnancy prevents the full expansion of the bladder, as well as changes the form of the organ when it is distended, and hence its irritability. Pressure in part, or it may be in some cases altogether, explains the rectal hæmmorrhoids which so often annoy pregnant women; and so there may be vesical hæmorrhoids similarly caused, but still each may be in part consequent upon the rectum and the bladder participating in the hyperæmia of the uterus. So you thus see that pregnancy renders a woman liable to cystitic disorder. Observation shows that more than one-half of pregnant women have some vesical disorder resulting from their condition, primiparæ being more subject to such troubles than multiparæ.

But let us now examine this patient as to the question of pregnancy. As she lies on the table and the clothing removed from the abdomen, you see very plainly an ovoid tumor reaching above the umbilicus. One does not see any of the striæ which have been so distinct in some of the patients who have been before you, but they may appear at a later date, or it is possible they may fail altogether, for Montgomery, in his classic work upon the *Signs of Pregnancy*, refers to a woman who had had several children, and yet he could not discover any of these so-called cicatrices of pregnancy. Finally, even if they were present, that fact would not be a positive proof of a past or present pregnancy, since they may result from great abdominal distension having other causes. Without waiting to make use of obstetric palpation for diagnosis, I prefer using that means which is more immediate in the information given, can be applied usually in a shorter time, and is at once so conclusive, viz., obstetric auscultation. That great French master of obstetrics, Depaul, whose recent death has caused such profound sorrow, probably did more than any one in his generation to advance the knowledge of this subject, and he has stated that in 906 women, examined in the last three months of pregnancy, he failed to hear the sounds of the fœtal heart only eight times, that he has heard the sound of the fœtal heart at three months and-a-half, and once at the end of the third month, while it is rare that the results of obstetric auscultation are not satisfactory after the end of the fourth month. In this case, therefore, supposing the patient to be six months pregnant, we ought to have no difficulty in hearing the sounds of the fœtal heart, that is if the fœtus be alive. In ausculting the abdomen of a pregnant woman it is better to use a stethoscope; immediate auscultation is objectionable because inconvenient, because if the ear is applied to the naked abdomen there may be offense to one's love of cleanliness as there is to decency. Further, this auscultation adds confusing sounds, and compels a constrained position, and finally, even though the heart sounds may be distinct, one cannot so well locate them—determine where the maximum of intensity is—as he can by mediate auscultation. A knowledge of obstetric auscultation is not only of great importance in the diagnosis of pregnancy, but also in the management of labor; for in the latter, though the mother's condition may be favorable, no indication thus presented for the artificial ending of labor, the child's life may be in peril, and this fact will express itself by variation in the frequency and in the force of the fœtal heart sounds, the second sound, especially becoming weaker, fainter. The fact of this girl's being pregnant can be clearly established by auscultation. I now press with my finger passed into the vagina upon the urethro-vaginal, and upon the vesico-vaginal wall, and I find considerable tenderness, and upon passing a sound into the bladder, worse pain is caused when it touches the lining membrane

of the organ, so that these proofs come to confirm the diagnosis already made as to cystitis. I cannot say that this is a cystitis essentially dependent upon the pregnant condition, but it is impossible to elicit any other explanation of its etiology. The patient has not had gonorrhœa; there has been no injury or fall or blow to explain the occurrence of the disorder. Taking cold has sometimes been the cause of the disorder, but in the female cystitis rarely has such an origin. As to the treatment, rest, milk diet, and washing out the bladder with warm water, holding in solution either salt or chlorate of potash are of the first importance. But in addition, benzoic acid is indicated, and it may be given with the biborate of soda and infusion of *uva ursi*, beginning with ten grains, and increasing it to twenty grains three or four times a day. Other methods of giving benzoic acid, which have been advised, are rubbing it up with sugar, or making pills of it with glycerine and gum-arabic. Salicylic acid, lemon juice, and the fluid extract of valerian are among the many other remedies that have been recommended.

RETENTION OF URINE.

TUMOR OVER THE RADIAL ARTERY SIMULATING ANEURISM—FEMORAL HERNIA—CHRONIC ARTHRITIS OF THE ANKLE-JOINT TREATED WITH PLASTER-DRESSING AND CRUTCHES.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

BY D. HAYES AGNEW, M.D., LL.D.,

PROFESSOR OF SURGERY AND OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

[Reported by WILLIAM H. MORRISON, M.D.]

GENTLEMEN: The first patient which I bring before you is this man who has just come into the hospital suffering from retention of urine. He passed his water last at about 2 o'clock this morning, and since then he has been unable to urinate. About three months ago he had a similar attack, and at all times he has some difficulty in passing water. Looking at the abdomen you see this fluctuating tumor which is quite sharply defined. There is flatness on percussion, whereas if this distension were due to gas in the intestine, there would be resonance on percussion. The presence of this tumor with the inability to pass water, and the constant desire to urinate, makes the diagnosis of retention of urine sufficiently clear.

The next point is as to the cause of the retention of the urine. This may be due to a great variety of causes. It often depends on stricture of the urethra. A man has a stricture which is rather tight. He exposes himself to cold and wet, or goes on a debauch, and a certain amount of inflammation or congestion is produced in the neighborhood of the stricture, causing occlusion of the canal. Retention often results from over-distension of the bladder. A person, for instance, travelling in a car, may, from motives of modesty, refrain from emptying the bladder, and it becomes over-distended, so that when the attempt to urinate is made, it is found impossible to do so. The bladder cannot contract, because it is over-distended, just as the uterus is sometimes, from over-distension, unable to contract with liquor amnii, and cannot act until the membranes are ruptured. This man states that he has had gonorrhœa, and that leads us to suspect that the retention may be due to stricture.

I shall first try to pass a catheter of ordinary size, but I at once find that the meatus is extraordinarily small. It will be necessary in the first place to incise this. This done, the catheter enters about an inch, when it reaches a stricture. I pass a sound through this stricture, but come to another, a little farther down. Through this I cannot pass even this small instrument (No. 8). We shall next try a filliform bougie. With a little manipulation this enters the bladder. I next try to pass an eyed or Goulay catheter over this bougie, but the instrument is too large to pass the stricture. I shall withdraw the filliform bougie and again try a small sound. This now passes, and having dilated these strictures to a certain extent, I am able to pass a small catheter and draw off the water.

The man will now be put to bed, be given eight or ten grains of quinine, and have hot applications made to the perineum and epigastrium, in order to prevent the occurrence of urethral chill.

Tumor over the Radial Artery at the Wrist, Probably a Bursa.—This man has a little swelling which has been on the wrist for about a year. It is just above the end of the radius and directly over the position of the radial artery. This is attributed to the force necessary

to hold a hard-mouthed horse. It occupies exactly the position of the radial artery, being between the tendon of the flexor carpi radialis and the outer border of the radius. When the finger is placed on it, a pulsation is felt, and it presents some of the characteristics of aneurism. Aneurisms at the lower portion of the radial are, in a large proportion of cases, traumatic. Often have I seen them result from a small punctured wound. I cannot recall a case in which such an aneurism resulted from mere muscular effort. If there was a diseased condition of the arterial system, it might possibly result from such a condition, but in the present case the arteries are perfectly sound. This makes us doubt that it is an aneurism even before examining it.

There are several reasons for supposing that this is not an aneurism. It has not increased in size since it first made its appearance. There is no general pulsation of the tumor. When the finger is placed on it, a pulsation is felt, but it is not the centrifugal expansion which occurs in aneurism. If this were an aneurism, a throbbing of the whole tumor should be seen, but the pulsation is only seen at one point. I next place a finger on the artery as it passes between the extensor tendons of the thumb and another finger on the superficial volæ artery, but this does not cause the tumor to become more tense as it would in a case of aneurism, nor does making pressure above cause the tumor to lessen.

Taking these things into consideration, I conclude that it is not an aneurism, but probably a bursa connected with the tendon of the deep flexor. I shall simply recommend the use of an elastic armlet, which will give a certain amount of support, and contribute much to the comfort of the individual.

Femoral Hernia.—This man has been wearing a truss for twenty years for what he supposes to be a hernia. He now comes to us with a swelling in the groin, in doubt as to its nature. He cannot remember distinctly where the tumor first appeared. It will sometimes entirely disappear at night when lying down. We notice in the first place that the swelling is below Poupart's ligament, and, therefore, it is a femoral hernia, if a hernia at all. As a rule, men are not so very prone to femoral hernia as women.

I find that the mass is quite uniform, and on the outer side I feel the lymphatic glands. When the lymphatic glands are enlarged, it is usually possible to distinguish the individual glands, although sometimes this cannot be done on account of the severity of the inflammation, matting together the glands.

This tumor has the feel and position of a hernia, is directly over the saphenous opening and to the inside of the femoral vessels. The next point is to see if it can be reduced. The leg is flexed and turned inwards, and the body is slightly raised. I then compress the tumor and press it directly backwards into the saphenous opening, when it partially disappears. There is then, I think, no question as to its nature. It is a femoral hernia. If the intestine can be completely reduced a truss will then be applied. If it cannot be entirely replaced, a truss with a concave pad, will have to be worn. The use of such a pad will sometimes cause, by the gentle but continuous pressure exerted, the complete reduction of the hernia.

Chronic Arthritis of the Ankle-joint Treated with the Plaster Dressing and Crutches—Marked Improvement.—You will recognize this boy as having been before the clinic some time ago with partial anchylosis of the ankle-joint. There was, as you will remember, a great deal of swelling and thickening; the joint was almost immovable, and altogether the case presented a rather unpromising aspect.

The foot was placed in a proper position, a plaster-dressing applied, and the patient put on crutches, so that the joint was fixed immovably, and all weight taken off of the limb. Since then the improvement has been extremely rapid. A great deal of the thickening has disappeared from the exterior of the joint, and the joint is much more movable, and the movement causes no pain.

We are encouraged to persevere, and a similar dressing will be applied. The foot will be placed in a partially flexed position, and the dressing allowed to remain for a month, when we shall again examine the condition of the joint. It is quite possible that we shall be able to entirely overcome the trouble, and perhaps without anchylosis.

In these joint cases, rest and fixation accomplish everything. You might suppose that the whole treatment of joint affections was very simple, as in reality it is; but there are different views prevailing in regard to the management of such cases. Some think that by making

extension and counter-extension and pulling, as they allege, the joint surfaces, motion may be allowed, and that it does not interfere with the subjugation of the arthritis. There are others who believe that motion necessarily complicates the case, and that it is important to fix the joint immovably during the whole progress of the treatment. I confess that I belong to this latter class. The idea of pulling the joint surfaces apart is an anatomical absurdity; and even admitting that it was possible to draw the surfaces an eighth of an inch apart, it would be impossible to maintain this for any time, for the traction must necessarily be made on the skin, and this is a movable surface.

ORIGINAL COMMUNICATIONS.

*UMBILICAL HEMORRHAGE.**

BY JOS. S. GIBB, M.D.

IN the preliminary remarks he spoke of the neglect of medical writers in omitting this important topic from their works, in spite of the oft-repeated mention of this negligence by individual observers, who, while investigating, have sought in vain, in most of the standard works of the day, for some account of this accident. Notable exceptions to this are the works of Simpson, Condie, and more particularly Dr. Bedford, of New York.

The author spoke of the rarity of the accident, and proved the same by reference to the records of maternity hospitals and foundling asylums, and also by the experience of the older members of the profession, and finally presented a collection of 241 cases, which represented those which have been published since 1752.

The author's case was a female child of a "bleeder" mother. Hemorrhage began on the third day from birth; no single bleeding point was observed. The hemorrhage was simply a continuous oozing from the bottom of the umbilical depression. Several ligatures were applied directly to the cords, and then the ligature *en masse*, all of which failed to control hemorrhage. This was finally accomplished by a solution of the sub-sulphate of iron painted over the umbilicus, and a pledget of cotton saturated with the same solution bound fast over it. The child suffered considerably from the profuse bleeding, though it soon rallied after its cessation. Was strong and healthy when last seen, one month from date of accident. There were no premonitory or accompanying symptoms. It was simply a spontaneous umbilical hemorrhage.

The author makes three divisions of the subject: first, hemorrhage from improper ligation of cord; second, hemorrhage, the result of traumatism; third, spontaneous hemorrhage. The first two received but cursory attention, the cause and remedy being apparent. The third variety formed the true basis of the paper. He did not believe that any of the so-called premonitory symptoms, viz: colicky pains, jaundice, etc., can be relied on as such, but thought they may occur in otherwise healthy infants, or precede other affections. However, he laid stress on the fact of a hemorrhagic diathesis existing in either parent and believed this should make us watchful. He regarded the subjects of umbilical hemorrhage as those suffering from a general disease, and hemorrhage the first symptom of this disease. This symptom may occur at any time. The next most important symptom is jaundice. Both of these symptoms occur in an equal number of cases.

As regarded the etiology, the author believed there is a direct relationship between the hemorrhage and some constitutional condition of the infant, which condition may be either hereditary or congenital. The hemorrhagic diathesis was given a first place in the list of causes. It is not considered absolutely necessary to invoke the aid of the hemorrhagic diathesis in the parent to establish the existence of this condition in the offspring; in other words, it may be congenital. Attention was drawn to the hemorrhagic symptoms in these cases, viz: hemorrhage from bowels, gums, and penis, as proof of this peculiar condition being a strong etiological factor. Jaundice was mentioned as forming the favorite ground of most writers on the subject as a causation of umbilical hemorrhage, but the theory on which this is based was not regarded as substantiated by post-mortem examinations. In but few of the recorded cases were there any indication of a syphilitic or scrofulous taint. Various other minor causative influences were noted, viz: excessive use of alkalies by pregnant women, insufficient food, etc.

* Read before the Philadelphia Clinical Society, March, 1884. Abstracted and reported for THE MEDICAL BULLETIN.

In conclusion, it was admitted that in the present crude state of our knowledge of umbilical hemorrhage, we are obliged to admit several etiological factors.

In an analysis of the reported cases there is found to be a strong predisposition on the part of the male to the occurrence of this accident. In 115 cases collected, where the sex is mentioned, 67 per cent. were males.

The morbid anatomy of the subject is very incomplete, being made up of statistics as to the patency or non-patency of the fœtal opening and vessels, the condition of the liver and the character of the blood; from all of which no satisfactory conclusions can be drawn. The prognosis of umbilical hemorrhage was stated as very grave—a mortality of 83 per cent. in 230 cases. The fatal termination may occur at any period from one hour to eight weeks from commencement of bleeding. In ninety-four cases where the time of death has been stated, 47 to 50 per cent. occurred within the first forty-eight hours, twenty-five in the first and twenty-two in the second twenty-four hours.

The success of therapeutical measures, the author believed, was in a proper appreciation of the nature and causes of the disease, and until this is accurately determined umbilical hemorrhage will continue to resist all well-meant therapeutical resources.

In the present state of our knowledge, the author thought that that treatment will be the most successful which consists of local styptics, ligature, etc., combined with such internal hemostatics and tonics that experience has proven of value in kindred hemorrhagic affections of adults.

BRAIN-WORK UNDER PRESSURE. ITS EFFECTS ON DIGESTION.

BY F. E. STEWART, M.D., PH. G.

BRAIN-WORK is as necessary and healthful to the economy as muscular exercise, and both are essential to health. The condition, however, under which brain-work is wholesome, "is freedom from anxiety, hurry, and worry." If the work can be done calmly and dispassionately, it is but the natural physiological action of a bodily function, and, like the escapement wheel of a watch, is part of the machinery necessary to the movement of the whole. But worry is like a grain of sand dropped into the same delicate mechanism, the friction of which, sooner or later, is sure to stop the watch. As a machine may run for years without friction, but soon wears out when sand becomes mixed with the lubricator, so the human machine may run along smoothly to a good old age if the life is one of peace and even tenor, but soon breaks down under the friction of worry. This simile will do very well by way of illustration, though the cause for wear, or, more properly speaking, tear, in each case is different when caused by business trouble. Overwork and worry were the cause of tear in the case I beg to present to you. The patient was a gentleman and was aged about twenty-eight when he first came to me for treatment, and he has been under my care for about two years. The worry had been continuous for more than a year prior to that time, and, as it was impossible for him to take a rest, as I desired, I was forced, under the circumstances, to treat his disease during the prevalence of its cause. I obtained from him the following history: First noticed that the bowels were becoming irregular, the feces dry, hard, and lumpy, much belching of wind after meals, and, at the same time, a feeling of constriction in the throat, with more or less fulness and uncomfortable sensation in the region of the stomach. He was also troubled with headache, dizziness, especially on suddenly rising from the stooping posture, and became dull and sluggish in his disposition, though naturally of an active temperament. These symptoms steadily increased, and there was now added much bloating and a gradual increase in the size of the abdomen. The feces were passed with difficulty and only after severe straining, and became more scanty as time progressed. One night he was suddenly awakened out of a sound sleep by a severe pain in the abdomen in the region of the umbilicus. This pain continued to increase until it became unbearable. So, instead of taking morphine, as advised, he resorted to a clyster of warm water and soap, injecting nearly a gallon. Not being able to retain any more it was then discharged, bringing away with it a large amount of accumulated feces and much flatus, the evacuation being followed by immediate relief.

The relief, however, was merely temporary, for though no further pain was experienced, the constipation and dyspeptic symptoms grew worse and worse, and soon it became impossi-

ble to obtain an evacuation, even by the aid of injections. It was at this period I took the case in hand. Oiling the index finger of the right hand thoroughly, and soaping well the finger nail, I inserted it into the rectum, and found, as I expected, that the bowels were thoroughly corked with hardened feces. After some difficulty I managed to clean out this Augean stable, when I found that the gut had become prolapsed by the constant straining, and that its caliber was narrowed in several places so small that it would not admit my finger without force. The bowels, still being distended above the constricture injections, were now tried, but only inflated the rectum, failing to pass the constriction, and were rejected with much force, as soon as the nozzle of the syringe was removed. After dilating the constriction as far as possible with the finger, the bowel was cleaned out with a brisk cathartic. I then prescribed teaspoonful doses of elix. cascara three times a day, and instructed my patient to dig out the rectum as I had done if the accumulation again occurred, dilating the constricted portion with his finger. With this treatment, and no other, I have succeeded in effecting nearly a perfect cure. Several times from neglect to take the medicine, and the continuance of brain-work under pressure, the dyspepsia and constipation have recurred, but I forbade the use of cathartics and continued the cascara, with the same favorable results. Several times the patient has been obliged to remove the accumulated feces with his finger, but he tells me that he had rather do that than experience the ill effects of cathartic pills. The bowel has regained its tone, the constriction has nearly disappeared, and health and activity have taken the place of torpor and inactivity.

Now, my theory with regard to this case is, first, that the undue drain on blood and nerve force by an overactive and worried brain starved the alimentary canal, resulting in its inactivity and indigestion. Second, that the rough irritating undigested material in the intestine, caused the stricture. Third, that the mild irritating nature of the cascara, and the tonic effect of its bitter principle restored the bowel to its normal condition, and that nature thus aided will now perfect the cure.

The meetings of the State Medical Society will commence on the 14th day of May.

*SUDDEN DEATH IN DIPHTHERIA.**

BY DANIEL LONGAKER, M.D.

THE patient, Mary F., æt. six years, was seen first on the afternoon of the second day of the disease. Her temperature was 104¼°, and the general symptoms were of a decided adynamic type. She complained of pain and difficulty in deglutition, and a nasal tone of the voice was noticed. On inspection of the throat congestion and swelling were evident, and a small patch of false membrane was found on the right tonsil. The local trouble continued to grow worse until the fourth day, and was associated with a diminished secretion of urine, in which albumen was found to be present. The membrane was detached on the sixth day, and by the tenth convalescence was established. On the thirteenth day she was seen for the last time. Her pulse was a little accelerated in frequency, and still weak. Her appetite was good and she was sitting up and going down stairs. Two days later, the fifteenth of the disease, after rising in the morning and feeling quite well, she suddenly fell from the chair from which she was attempting to rise, and expired.

SOCIETY PROCEEDINGS.

PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING MARCH 24, 1884.

THE President, Dr. Henry Beates, in the chair.

The discussion on Dr. Joseph Gibb's paper, on Umbilical Hemorrhage was opened by Dr. Charles K. Mills, who said: "I have had one very interesting case of umbilical hemorrhage which recovered. The subject was the fourth child of perfectly healthy parents; the other three children being healthy. There was no trouble until the third day after birth, when an oozing was found at the umbilicus, and the child vomited blood. The cord was examined and found not bleeding at the extremity. Subsequently styptics were applied without result. The hematamesis occurred on three occasions during the following twenty-four hours of hemorrhage. The bleeding was

*Read before the Philadelphia Clinical Society March 28, 1884.

finally controlled by transfixion by needles, and a half drop of arom. sulph. acid administered every two hours. The child recovered and is now perfectly healthy.

Dr. HANNAH T. CROASDALE. I have had the opportunity of seeing but two cases of umbilical hemorrhage. The first was from shrinkage of the cord, and great amounts of gelatinous material. After the ligature was closely reapplied the bleeding began again from the cut extremity. I then applied Pean's hemostatic forceps and left them in position twenty hours. In the other case the hemorrhage was controlled by tightening the ligature.

Dr. MARY WILLITS. To the cases mentioned, I would add one seen by myself in hospital. The child was a week or ten days old. After considerable hemorrhage the bleeding was successfully checked by styptics and a compress.

Dr. HENRY BEATES, JR. In connection with the hematamesis noticed by Dr. Mills, a case seen by myself showed at the autopsy gangrene of the ileum. There was also sloughing at the extremity of the cord.

Dr. JOS. S. GIBB. I am grateful to the members for relating their experiences with this troublesome affection. The relation of the hemorrhagic diathesis to it is yet a question. There seems, however, to be two things intimately connected with it; the hemorrhagic diathesis and jaundice. The case reported by Dr. Mills would rather support the former theory.

Dr. ALBERT H. SMITH, in closing the discussion, said: "I have seen two cases of the kind referred to by the reader of the paper. The first occurred at the end of twenty-four hours after birth in a healthy child. On attention being called to it, the ligature was found loose; this was reapplied carefully. On the following morning the nurse again discovered hemorrhage and the child died before I could reach the house. This was not a case of neglect or traumatism. The other instance occurred also in a perfectly healthy child forty-eight hours old. The cord was ligated by myself, but I soon found hemorrhage occurring freely from the tissue around the cord. A large compress of absorbent cotton was applied by means of Seabury and Johnston's plaster, and a teaspoonful of magnesia given internally. The child was saved. In these two cases there were no hereditary tendencies to this form of trouble, no jaundice, no purpura hemorrhagica in either the mothers or the infants themselves. We have not so far reached any reasonable theory of its etiology. Jaundice seems a coincidence. Great stress has been laid on hæmophilia, but my experience does not bear it out. In a family under my care, four out of five died of hemorrhage, but none showed any tendency to umbilical hemorrhage. In the autopsies of fatal cases no uniform non-persistent conditions have been found. My cases are somewhat remarkable from the fact that recoveries are rare.

In the treatment we could hardly expect a compress to do much, yet I think this application the best that can be made. A laxative would contribute to lessen blood-pressure and act as a revulsive.

I would suggest that hemorrhage from non-application of a ligature, would rarely occur in health if we are to judge by the fact that in Germany they seldom tie the cord. Difficulty may certainly arise from too early ligation. My practice is not to ligate until the cut extremity has ceased bleeding. It is evident that loosening the ligature would be a dangerous experiment in some of these cases.

Dr. Collins exhibited a bullet that had been removed from the anterior nares of a man. It had remained embedded in the turbinated bones since 1861. An opening in the nasal septum remains, produced at the time of the reception of the wound.

NEW YORK NEUROLOGICAL SOCIETY.

STATED MEETING MARCH 4, 1884.

W. J. MORTON, President, in the chair.

Dr. C. L. DANA read a paper upon "Morbid Somnolence," relating a number of histories illustrating different forms of this affection. These forms are classified as follows:—

1. Epileptoid sleeping state; 2. Hysteroid sleeping state; including (a) spontaneous or "mesmeric" sleep; (b) trance and lethargic states; 3. Morbid somnolence, the expression of a distinct neurosis, (narcolepsy); 4. Unclassified forms.

The speaker's first case (illustrating class 3) was that of a young man of wealthy family and personal history who would go to bed at the ordinary hour and could not be roused

till noon, or afternoon or evening of the next day. This would continue for a week or two, when the symptoms would remit.

A second case (illustrating class 2) was that of a young lady who had short attacks of catalepsy, cataleptic *petit-mal*, alternating with sudden attacks of sleep. These came on several times daily. Three other cases (illustrating class 3) were of neurasthenic persons, who for several months had persistent drowsiness, not attributable to any nutritive or organic disorder.

Dr. DANA also reported a case furnished by Dr. L. Putzel, illustrating the epileptoid sleeping states.

DISCUSSION ON DR. DANA'S PAPER.

Dr. WM. M. LESZYNSKY. "I know of two cases which might be termed a mild form of morbid somnolence, where the patient would fall asleep at most any hour of the day while reading or conversing, the sleep lasting at times for an hour or more.

"The cause of this somnolence seemed to me to be undoubtedly due to faulty assimilation of food, and was cured by the use of nitro-muriatic acid, etc."

Dr. WEBER. "I have seen but a few cases. In diabetes, morbid somnolence is believed to be a prominent symptom; I have seen twenty or thirty of such cases, well pronounced, but have not seen one case where morbid somnolence prevailed; on the contrary, the patients did not sleep as much as normal.

"I remember two cases of locomotor ataxia, in which there was a great tendency to prolonged sleep; in one of these cases the man would sleep often fifteen hours at a time.

"I have observed sopor in chronic endarteritis, in a number of cases, especially in cases where the condition of the cerebral arteries tends to apoplexy. There was one man who would fall asleep during dinner, be taken up to bed, and there sleep till the next day."

Drs. ROBERTS and C. E. NELSON made remarks, giving cases as to making up sleep-time after prolonged vigil. Dr. Roberts remarked that sopor was met with in his cases; sopor is recognized as a symptom of disease.

Dr. SHAW, of Brooklyn, related a case of a man who would fall asleep at the clinic.

Dr. R. B. PRESCOTT, said: "I have one case bearing on this subject, Mr. President, which came into my mind while Dr. Dana was reading his paper, and which, as it may not be altogether without interest, I will relate. It is that of a farmer, unmarried, forty years of age or more, living in a small village in Massachusetts, who, some ten years ago, began, without any apparent cause, to be troubled with excessive drowsiness. It manifested itself first in a disposition to sleep unseasonably long in the morning. He would remain in bed until long after the breakfast hour, and complain at intervals during the day of still feeling sleepy. Gradually he came to neglect the work of his farm, and remained about the house dozing away a considerable portion of the time. His social nature, too, underwent a decided change. He became reserved and silent. He shunned all intercourse with friends and acquaintances, was with difficulty made to answer even ordinary questions, and was easily moved to tears. On one occasion I was told that he fell asleep on his wagon while taking a load of produce to the nearest market town, and slept soundly for many hours, his horse having of its own will taken an unfrequented road and finally stopped at the place where he was discovered, the driver still fast asleep.

His condition at present is that of a gradually deepening mental lethargy. He passes a large portion of his time in bed, and takes little interest in what takes place around him, though at times he partially arouses and will read the newspapers or carry on a brief conversation, mainly in monosyllabic replies to questions. His bodily functions are all normal, and there is no evidence of any physical disease. His general health was good up to the time of the appearance of this morbid somnolency, and he is not the subject of any hereditary taint, so far as known. He is now regarded by those who know him as mildly insane, and his recovery is not expected."

The PRESIDENT said: "I have seen and treated but one of these very peculiar cases which I should be willing, following Dr. Dana's lines of diagnosis, to classify as true morbid somnolence. Of course those who sleep after prolonged forced wakefulness do not fall within the author's categories. As an instance of simple sleep of this nature, I well remember of sleeping twenty-four hours without a moment of recollected consciousness after two days and two nights in the saddle during a time of great danger. This may be said to be simply normal somnolence. The case of morbid somnolence I refer to was that of a

physician in this city who had suffered from this condition for fifteen years. He was habitually overcome by an uncontrollable desire to sleep during the day-time, no matter how malapropos the time or place. This desire he would fight against with all his power of control, but would finally yield to sopor. Even in the dentist's chair, while a sensitive tooth was being "scraped," he had fallen asleep. Often in the rounds of daily practice he would feel this lethargy creeping over him at critical moments, as, for instance, when his services were most needed at a confinement, and he would be forced to yield to it and sleep. It was impossible, for the same reason, for him to read or study. In fact life was becoming to him a soporific blank.

"Other symptoms were forgetfulness, frontal and occipital headache, a general malaise, great sense of weariness, palpitation of the heart on active exercise, and prostatic irritation. He had been examined time and time again by friends of eminence in the medical profession for organic disease, and none was found to exist. The urine, especially, had been the subject of careful tests. I repeated these examinations with no better results. Malaria was out of the question. I treated this patient on the basis of a profound anæmia, gave him large and increasing doses of iron (Bland's pills) until he was taking thirty grains threet imes daily, and gave him, additionally, glonoin. Under this treatment he improved wonderfully, and at his last visit, several months ago, he reported that he seldom fell asleep during the day."

Dr. DANA, in closing the discussion, gave a similar case to the English farmer. This case would have periods of remission for several years. These cases are supposed to end in insanity. There is persistent drowsiness in diabetes, and in syphilis, also, previous to attacks of epilepsy. There is recognized a "sleeping sickness" in Africa. The French authority, Ballet, mentions these conditions.

Treatment of Wry Neck by Sulphate of Atropia. By W. M. LESZYNSKY, M.D.

The reader related the history in the case of a young woman whose occupation being that of a bookfolder, she was obliged to turn her head very frequently toward the left side. The right sterno-cleido-mastoid and trapezius muscles became affected with a very severe form of clonic spasm which almost exhausted the strength of the patient. The treatment adopted was the daily injection of sulphate of atropia into the contracting muscles, beginning with gr. 1-80 and gradually increasing to gr. 1-6, which maximum dose was continued four days when recovery supervened.

In addition to the atropia galvanism was used, and the faradic current was applied to the opposite side.

DISCUSSION.

Dr. J. C. SHAW. I have been called three times in consultation in these cases where atropine was used, there was a great deal of pain, and marked neuropathic tendency; insanity in the family in one case. There is one difficulty in the treatment by atropine, that it sometimes causes disagreeable symptoms, especially in delicate women. In one case, where the drug was pushed, it caused such distress that the patient, a woman, refused to take it longer. Atropine, therefore, in large doses, cannot be used in all cases.

Dr. C. L. DANA, said: "That Dr. Leszynsky was entitled to great credit in employing atropia against such physiological odds. He believed that the cure was due to the employment of atropia. One point must be borne in mind, and that is that we must select our cases in those where the disease is plainly neurosis; atropine may answer. In many cases, however, the disease appears to be of a peripheral and rheumatic character. Here anti-rheumatic remedies answer better.

Dr. GIBNEY. In view of the fact that Dr. Leszynsky administered electricity and other agents, as his report shows, some doubt might be expressed as to the curative effects of the atropine injections. The relationship of cause and effect does not seem sharply enough defined. I have had no personal experience with this drug in torticollis. A few years ago, in a case of rotary spasm of the head, I had very prompt and excellent result in the use of the fluid extract of gelseminum carried to tonic doses. Dr. Leszynsky certainly deserves credit for the heroic dosage of atropine in this case.

Dr. BIRDSALL related the history of a case of torticollis treated at the Manhattan Hospital by his assistant, Dr. Terriberry, in a child about eight years of age, by application of as strong a galvanic current as could be endured for from twenty to thirty minutes on the affected muscles, three times a week, for several weeks, with gradual improvement, which finally ter-

minated in complete recovery. Tincture of belladonna was administered in drop doses, until slight physiological effects were produced. Dr. Birdsall was inclined to credit the curative effect in this case mainly to the galvanism, though he thought that a combination of the method with atropia and that of galvanism would in general be far more serviceable than either alone.

Dr. WEBER. "Was a traumatic effect produced by the hypodermic injections?"

Dr. LESZYNSKY. "The injections were made into the substance of the muscle, and no traumatic effect was produced. The preparation of atropia used was Merck's, and the solution was freshly prepared every two or three days."

Remarks of Dr. DAVID WEBSTER.

"Mr. PRESIDENT, I have listened to Dr. Leszynsky's paper with much interest. Although I have seen but few cases of wry-neck, I have had a good deal of experience with atropine, and I beg leave to question whether the same results might not have been accomplished by smaller doses applied locally. For the purpose of relaxing the sphincta pupillæ and the ciliary muscle we never give atropia by the mouth or hypodermically, but always apply it locally—to the surface of the eyeball. Less than one-twenty-thousandth of a grain applied to the conjunctiva will paralyze the muscles I have named, while it would require a many times larger dose to produce the same effect if given hypodermically.

"It is remarkable that Dr. Leszynsky's patient tolerated so large a dose as one-sixth of a grain. There is a wide difference in the quantity required to produce the physiological effects of the drug in different persons. I have frequently seen a drop of a four-grain solution applied to the eye produce the peculiar scarlet flushing of the face, especially in infants. I also know of a case in which a single drop in the eye caused marked delirium in a young lady, so that she had to be taken home in a carriage. I have had some personal experience with the physiological effects of atropia. I once swallowed what I supposed to be ten drops of Magendie's solution of morphia to check a diarrhœa while I went to Brooklyn to assist in an enucleation. On the way I noticed that I felt very strangely, going off into curious dreams, entering into imaginary conversations, etc. When I got to the place of operation I found on attempting to talk that I could scarcely speak above a whisper, my mouth and throat were so dry. Dr. Agnew noticed that my face was flushed, and my pupils dilated. I went home and went to bed, and slept soundly until the next morning. As soon as I awoke it dawned upon me that I must have taken atropine instead of morphine. As soon as I saw Dr. Agnew he told me he had arrived at the same conclusion. I found the atropine and morphine bottles side by side on my table. The mystery was explained.

"I once saw a case in the practice of a brother practitioner where one-sixteenth of a grain of sulphate of atropia given with half a grain of morphia subcutaneously produced delirium lasting for half a day or more. This was in a hysterical lady who was used to hypodermics of morphia without atropia.

"Dr. Leszynsky's method of giving the drug was a perfectly safe one, however, as he cautiously felt his way from smaller to larger doses."

Dr. G. W. JACOBY, said: "It was not my intention to make any remarks upon this subject, as the objection which I intended to raise to the indiscriminate employment of galvanism and atropine in the treatment of Dr. L.'s case, has already been made by some of the preceding speakers; but Dr. Gibney's remarks in reference to the facility of producing the physiological effects of atropine, in some cases, by very minute doses, recall to my mind very vividly a case in which this was also very noticeable. The patient, a girl aged twelve years, came to me affected with a left-sided tonic torticollis, probably of rheumatic origin. My results with electricity upon other cases having been unsatisfactory, I determined to treat this case by the hypodermic injection of sulphate of atropia. I therefore injected one-fiftieth of a grain of the drug.

"This one injection produced all the symptoms of atropine poisoning, ending in a violent delirium which lasted for ten hours.

"When the patient had recovered from the effects of the atropine I naturally felt reluctant to continue its use, and began treatment of the torticollis by galvanism. After two weeks the child was discharged from treatment entirely recovered.

"The points that I wish to make are, first, the small amounts of atropine necessary in this case to produce delirium, and secondly the fact of a cure by self-limitation or possibly

through the action of the galvanic current. Had no ill effects resulted from the use of the atropia, I would probably have continued its use, and my patient recovering, it would have been only natural to attribute this recovery to the use of the atropine.

"Therefore we cannot be too cautious in drawing conclusions from a single case, no matter how well observed, and we should be very careful not to use two potent remedies, such as galvanism and atropine simultaneously, as our scepticism in regard to the efficiency of either one will not be considered scientific proof of the beneficial action of the other."

Dr. LESZYNSKY, in closing the discussion said:

"As Dr. Dana saw the patient referred to in my paper, I am pleased to hear that he agrees with me in stating that recovery was due to the employment of the atropia.

"In reporting the history of this case, I expected that the question would arise as to which of the remedies employed had effected the cure, therefore I was not surprised to hear the criticism of Drs. Gibney and Jacoby, and in reply I will state that the number of cells used in applying the galvanic current was from ten to twenty of a Stohrer portable battery. The patient could not tolerate a stronger application, and this was continued for nearly fifteen minutes daily. After the removal of the electrodes I found that the spasm invariably became more vigorous than ever, and I always allowed about ten minutes to elapse before injecting the atropia.

"I would again direct the attention of the society to the fact that notwithstanding the daily application of galvanism in conjunction with the use of atropia, *no improvement was shown until the twentieth day, soon after a rapid increase of the atropia from gr. 1-20 to nearly gr. 1-8.* Then the improvement became so evident that it can hardly be doubted that the atropia was the important element which effected the successful result. In regard to the use of the bromide of sodium I can safely say that bromism was not produced. The faucial reflex was frequently tested and remained well marked throughout the entire course of treatment.

"Dr. Webster's suggestion may be a very good one if we accept it from an opthalmological standpoint, but in this class of cases I cannot see what advantage could be gained by the inunction of the oleate of atropia.

"The object in using this sulphate of atropia was to produce paralysis of the trunk and branches of the spinal accessory nerve, therefore it was injected into the substance of the muscle for the purpose of producing its *local effects on* the motor nerve, although eminent authorities like Ringer and Traser have concluded, after an elaborate series of experiments upon living animals, that atropia paralyzes the motor nerves through its action upon the spinal cord and not by its action through the circulation. I believe that the oleate, if applied locally, would produce more rapid constitutional symptoms on account of its speedy absorption; and another objection is that the dose cannot be so accurately determined.

"In conclusion I will state that the patient remains well, and that no sign nor symptom of spasm has since been shown."

Nomination of officers for ensuing year: President, Birdsall, Gray, Morton, W. A. Hammond; First Vice-President, C. L. Dana; Second Vice-President, G. W. Jacoby; Recording Secretary, E. C. Wendt; Corresponding Secretary, W. M. Leszynsky; Treasurer, E. C. Harwood; Councillors (five), Weber, Seguin, Jacoby, Morton, W. A. Hammond, McBride. The society then adjourned.

THERAPEUTIC NOTES.

Quinine for children may be given without tasting it, says Dr. Daniell, of Fort Worth, Texas, by covering it with raw white of egg.

Dr. Holt states that gelseminum in one drop doses (the fluid extract) is excellent in after pains where other anodynes completely failed.

Dr. Blackwood has found lithiated hydrangea of service in sciatica and sub-acute rheumatism in a sufficient number of cases to warrant its endorsement.

Dr. J. R. Forrest, in the *Lancet*, recommends the following in the night-sweats of phthisis:—

℞. Zinci sulph. . . . gr. iv.
Tinct. belladonnæ, . 3j.
Aqua, ... ℥j.
M.

Sponge the body at bedtime. It has restrained the sweating inside of two days in both bad and incipient cases.

Dr. W. R. D. Blackwood has for many years used the following in obstinate hepatic torpor with excellent results. It is also valuable in habitual constipation:—

℞. Cinchonidia sulph.
Euonymin,
Leptandrin,
Juglandin,
Irisin, āā . . . ℥j.
Podophyllin,
Ext. belladonnæ,
Ext. hyoscyamus, āā . . gr. x.

Mix. Divide into sixty pills.

Sig. One or two at bedtime. In hepatic troubles, one three times a day. In constipation strychnia and belladonna in minute doses is a reliable peristaltic persuader. The one hundreth of a grain of the first, and the tenth of a grain of the last in extract.

Remedy for Dyspepsia.—Dr. Alfonso gives the following as an excellent prescription in dyspepsia:—

℞. Jensen's pepsin, . . grs. cxcij.
Sherry wine, . . . ℥viss.
Glycerin puris, . . ℥iss.
Acid tartaric, . . . gr. v. M.
Sig. f℥j. after meals. (Gr. iij. to f℥j.

Cimicifuga in Epileptiform Nightmare.—Dr. Small, of Maine, reports a case which was cured by the administration of half a teaspoonful of powdered cimicifuga racemosa at bedtime, and a light supper each night. The paroxysms at once ceased, and in a lengthy period of observation there had been no return.

Treatment of Gonorrhœa.—Dr. W. H. Carter suggests:—

℞. Sulph. hydrastis, . . . grs. vj.
Mucilage acacia, . . ℥j.
Glycerine, . . . ℥j.
Aqua pura, . . . ℥ij. M.
Sig. Use as injection two to three times a day.

Another injection:—

℞. Chloride of zinc, . . grs. vj.
German tr. aconite, . . gtts. vj.
Aqua pura, . . . ℥iv. M.

Sig. Use as injection three or four times a day.

Oil of turpentine is achieving quite a reputation in Germany for the cure of diphtheria. Dose to children is a teaspoonful, and to adults a tablespoonful given morning and evening in warm milk. It is reported to have cured the disease in twenty-four hours.

For fetid and sweating feet, Dr. A. M. Vail, in the Journal of the American Medical Association, recommends:—

℞. Alumin et ammon. exic.
Acid boracic, āā . gt. ij.
Aqua simp. or rosa, . grs. xxxv. (?)

Mix. Apply with a soft sponge without rubbing immediately after removing the stockings. Repeat for several evenings.

Corrosive Sublimate. — The antiseptic properties of this well known and powerful drug, which were first made known by the researches of R. Koch, are now coming rapidly into general use. M. Tarnier employs it freely in his Maternity Hospital, in Paris; every attendant on entering the labor ward must wash his hands and arms in a solution of corrosive sublimate (one in a thousand). The patient's genitals are bathed in a solution of the strength of one in two thousand; this is also the strength required for all vaginal injections.—*Medical Press.*

Dr. Tucker, in the Southern Medical Record, says that the common affection hiccough has a specific remedy. Moisten granulated sugar with good cider vinegar. Give to an infant from a few grains to a teaspoonful. The effect is instantaneous, and seldom needs repetition. It can be given to infants and to old people of any age.

Several severe cases of obstructive and congestive jaundice in St. Mary's Hospital, under the care of Dr. Wetherill, have been quickly and thoroughly cured by full doses of ammonium chloride, after failure of various other drugs. In obstinate constipation this agent has also proved of much value in his hands.

Dr. Daunt, of Campinas, St. Paul, Brazil, highly commends chlorohydrate of perevina, extracted from the bark of *Geissopermum vellossii* in lieu of quinia in typhoid. The dose is twelve to twenty-four grains in the twenty-four hours. It is intensely bitter, and should be given in capsules.

Hydrobromic Acid in Epilepsy.—Dr. H. C. Wood urges the increase in the dose of this acid largely. He has gone up to one ounce three times daily with good effect. A drachm (the usual dose) represents only nine grains of bromide, which is clearly inefficient.

THE
Medical Bulletin.

Philadelphia, May, 1884.

PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. As THE BULLETIN goes to press on the 20th of each month, to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, etc., will be published without charge. As also professional and business changes of physicians and pharmaceutists, provided the announcement does not exceed five lines.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements inserted at very reasonable rates.

Our readers will confer a favor upon the Publisher by mentioning, while making purchases from our advertisers, that their attention was directed by the attractive style of THE BULLETIN'S advertisements.

Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

JOHN V. SHOEMAKER, M D., Publisher,
1031 Walnut Street, Philadelphia.

AMERICAN MEDICAL ASSOCIATION.

THE National Association will meet this year in Washington, D. C. From indications it is probable that the coming assembly will be noteworthy for the distinguished gentlemen who have arranged to be present. Several vital points concerning the prosperity of the association will undoubtedly come under discussion, amongst which will very likely be the Code of Ethics. No city possesses more interesting points to the physician than Washington. The Surgeon-General's department, the Army Medical Museum, containing many thousand unique specimens not paralleled in the world, the Smithsonian Institution, to say nothing of the public buildings, which are on such a magnificent scale, all will prove of interest to our friends. Incidental to the meeting is the Convention of Medical Editors' Association, at which some exceedingly interesting work will be done. The professional journals exert an influence on medical men and medical progress not excelled by any other means, and all visitors are made welcome even if not members. The annual address of Dr. Leartus Connor, the president, will be well worth hearing, and the discussion on the essay of Dr. N. S. Davis, "How far can legislation aid in elevating the standard of medical education in this country," is sure to bring out notable thoughts, judging from the list of gentlemen who are expected to take part in it. We hope the meeting this year, of the American Medical Association, will be full, and we know that the value received during its sessions will amply repay the time spent and the cost of the journey to our subscribers. Special rates to physicians will be made by the various trunk lines from all important points to Washington.

PENNSYLVANIA STATE MEDICAL SOCIETY.

THE Medical Society of the State of Pennsylvania will hold its sessions in the annex to the Union League, in this city, on the 14th, 15th, and 16th of May. It is expected that a very large delegation will be present, and that the proceedings will be of unusual interest. We would urge our subscribers, who are members, to take part from the very first, as much of the important work will be transacted early in the session. Strangers are at all times quite welcome, and are invited to listen to the papers and debates, which are full of interest to progressive physicians. We propose to render this meeting notable by issuing a *daily* edition of THE BULLETIN, which will contain a full abstract of all the papers and discussions, which will be stenographically reported especially for this journal, by Dr. William H. Morrison. The editor and Dr. W. R. D. Blackwood will give especial attention to this daily edition in order that it may prove a welcome convenience to those in attendance. THE DAILY BULLETIN will be presented gratuitously to all present at the opening of each session. The entertainments already provided will make the visit of our friends from abroad very enjoyable. The addresses on medicine, obstetrics, and hygiene are to be made by gentlemen whose standing in the profession is a sufficient guarantee of their intrinsic worth.

COLLEGE COMMENCEMENT.

JEFFERSON MEDICAL COLLEGE. FIFTY-NINTH ANNUAL COMMENCEMENT.—The exercises of commencement week opened on Thursday evening, March 27th, by an address by Professor Henry G. Landis, of Columbus, Ohio, on the "Need of Culture in the Physician." The address was delivered in an able manner before the Alumni Association in the College Hospital. During the same evening Dr. Elwood Wilson, one of the trustees of the college, entertained Dr. Landis at his residence, 1517 Walnut Street. The spacious and elaborately furnished home of the congenial, successful, and distinguished host was comfortably filled with the Trustees, Alumni, and leading members of the profession to greet the orator of the evening.

THE ALUMNI MEETING.

The fourteenth annual meeting of the Alumni Association was held at noon on Friday, March 28th, in the lower lecture-room of the college. Professor S. D. Gross in the chair. The Secretary, Dr. Thomas Andrews, read the minutes of the last annual and the special meetings, which, on motion, were adopted. Dr. William B. Atkinson, the chairman of the Executive Committee, presented the annual report from that body, which referred to the work that had been accomplished during the past year, and in furtherance of the objects of the Association recommended the continuance of special meetings, begun in January, every two months. Reference was also made to a printed list of the resident members of the Alumni Association which was in preparation, the object being to induce more of the Alumni to become members of the organization. The report referred to the election of Professor Parvin to the chair of obstetrics, etc., and the great satisfaction that this selection had given to the Alumni, and recommended that he be elected an honorary member of the Association. The loss that the Association had sustained by the death of Dr. J. Marion Sims, as well as the action that had been taken at the special meeting, was alluded to in a most feeling and touching manner. The death of one of the honorary Vice-Presidents, Dr. R. T. Coleman, of Virginia, was reported. On motion of Professor S. W. Gross, the report was accepted and adopted excepting the social meetings, which were changed to every three months. The report of the Treasurer, Dr. Hatfield, was made through Dr. Atkinson. The Chair appointed Drs. S. Barton and Turnbull—"the most honest men in the room"—an Auditing Committee, who reported the accounts correct. On motion the report was accepted and adopted. The Chair appointed as a Nominating Committee, Drs. James Graham, W. S. Little, James Wilson, Joseph Hearn, and John V. Shoemaker. Professor Gross hoped that in selecting the officers for the coming year the committee would accept his declination. Dr. James Graham asked the Secretary to read an extract from the minutes of last year in which Prof. Gross said he would serve the Association as long as he had health and strength. The Chair replied that a man can change his mind with advancing age. Professor R. E. Rogers stated that Prof. Gross was more vigorous this year than last, and he hoped with others as an alumnist, that the committee would nominate the old officers and that they would be re-elected. Dr. John V. Shoemaker thought that it was unnecessary for the committee to even leave the room, as the old officers had been renominated with but a few minor exceptions at the meeting of the committee on the previous Wednesday evening's caucus.

The Nominating Committee, however, according to usage, retired. On the withdrawal of the committee, Prof. Parvin, at a call from the chair, responded in his most happy vein, and was followed in turn by Senator Knight, another newly-elected member, who spoke in a very pleasing manner of the Association and the distinguished speakers who had preceded him. The Nominating Committee, who had in the mean time marched out and countermarched several times to keep up an appearance, came in and reported the following officers for the ensuing year:—

President, Professor S. D. Gross; Vice-Presidents, Drs. Addinell Hewson, Elwood Wilson, R. J. Levis, Roberts Bartholow; Treasurer, Dr. Nathan Hatfield; Recording Secretary, Dr. Thomas H. Andrews; Corresponding Secretary, Dr. Richard J. Dunglison; Executive Committee, Drs. William B. Atkinson, F. H. Gross, J. K. Baldwin, O. H. Allis, J. M. Barton, Frank Woodbury, Joseph Hearn, T. H. Bradford, E. E. Montgomery, Robert S. Wharton, William S. Little, H. Augustus Wilson, A. Hewson, Jr., W. H. Warder, Henry Leaman, Orville Horwitz, S. W. Gross, John G. Lee, William H. Webb, James C. Wilson, A. K. Minich, George McClellan, and Dr. Van Vleit.

The usual list of honorary Vice-Presidents, published year after year in THE BULLETIN, were also re-elected with one or two exceptions.

Dr. R. J. Dunglison, the chairman of the subcommittee for the selection of the Alumni Orator for 1885, reported that Prof. J. W. Holland, of Louisville, Ky., Professor of Materia Medica and Therapeutics in the University of Louisville, had been appointed. Professor S. D. Gross commended the selection of the Orator as a wise and judicious appointment,—a gentleman who would reflect great credit upon the Associa-

tion. Dr. J. M. Barton, a member of the Executive Committee, now rose and alluded to a *flippant* and *scurrillous* article that had appeared criticizing the method of conducting this Association and the work of the Executive Committee. (See the editorial in March number of THE MEDICAL BULLETIN, headed, "To Whom it May Concern?" the article referred to.) He was glad to see, however, that no one thought it worth while to reply through any newspaper to it. He thought the proper place to consider such matters was here, at the meetings of the Association. Professor S. D. Gross remarked that a cutting article sometimes did good. Dr. John V. Shoemaker said: "Mr. Chairman, I am here, sir, to answer for the article just referred to. I wrote it owing to the manner in which this Association has been conducted—in the interest of *a few* who perpetuate themselves in office. This same few have managed for the past two years to give the proceedings of this Association and their Executive Committee only to their favorite journals. I have always tried to be active in all Alumni matters and to obtain for the readers of THE BULLETIN all the current news. When I was asked by many Alumni why I did not have a full account, as a contemporary had, of the reception to Prof. Parvin, I had to show, by this article, how matters had been fixed in its interest only, and all others excluded, no other journal having any knowledge of the pre-arranged programme except the one alluded to. I am ready at all times, under such circumstances, to show up the existing abuses, and the manner that this committee have of re-electing themselves."

Dr. Atkinson then moved an adjournment, which, on motion, was carried.

THE ALUMNI DINNER.

The annual Alumni dinner given on Friday evening in honor of the Orator, took place at the St. George's Hotel. The table was handsomely arranged. Prof. S. D. Gross presided, with the Orator on his right, and about twenty-three members of the Association present. At the conclusion of the dinner the Chairman introduced in his happy and pleasing manner those who had been selected by the Executive Committee, to respond to the following toasts: Our guest, Prof. Henry G. Landis; the Faculty, Prof. Roberts Bartholow; the Alumni, Dr. William B. Atkinson; Women, Prof. Theophilus Parvin; Olden Times, Dr. Gemmill; the Hospital Staff, Prof. William H. Pancoast. The last toast was drank standing, with the continued health and life to our venerable and distinguished Chairman, Professor S. D. Gross. Although the attendance was smaller than usual, owing to some misunderstanding among the committee, yet it was perhaps the best conducted dinner that had taken place for years. The veteran toasters who have been filling the bill for years, for their respective subjects, previously arranged by themselves, upon this occasion for the first time in many years took a back seat and gave others a chance. It it to be hoped the same good judgment or some *other stimulant* will bring about a similar result next year so that all the Alumni will be at the annual dinner.

COMMENCEMENT DAY.

The Academy of Music was crowded on Saturday morning, March 29, to witness the fifty-ninth annual commencement. The exercises were opened with prayer by the Rev. Charles D. Cooper, D.D. Two hundred and fifteen graduates were then called in turn on the stage by the Dean, after which Dr. E. B. Gardette, President of the Board of Trustees, conferred upon them the degree of Doctor of Medicine. He also announced that the Board of Trustees had conferred the degree of LL.D. upon Professor J. M. DaCosta, M.D., and Professor Benjamin Silliman, M.D., of New Haven, Conn. The degree of D.D. was conferred upon the Rev. J. F. Dripps.

The following prizes were then awarded by Professor Bartholow:—

1. $100, by Henry C. Lea's Son & Co., for the best Thesis, to John A. Buffington, of Maryland; with honorable mention of the Thesis of W. H. Vallete, of Ohio; and S. B. Horning, of Pennsylvania.

2. Gold Medal, by R. J. Levis, M.D., for the best Report of his Surgical Clinics at the Pennsylvania Hospital, to Thomas C. Hood, of Indiana.

3. Gold Medal, by Thomas G. Morton, M.D., for the best Report of his Surgical Clinics at the Pennsylvania Hospital, to Frederick Hertel, of Delaware; with honorable mention of the reports of Andrew B. Kirkpatrick, of Philadelphia, and Thomas Roby, of Missouri.

4. Gold Medal, for the best Essay on a subject pertaining to the Practice of Medicine, to James H. Bell, of Texas; with honorable mention of the Thesis of B. W. MacNichol, of New York.

5. Gold Medal, for the best original research in the Chemical Laboratory, to Sidney A. Stokes, of Pennsylvania; with honorable mention of the Essay of Irving R. Schoonmaker, of Pennsylvania.

6. Case of Instruments, for the best original research in the Materia Medica Laboratory, to J. Edwin Sprenkle, of Pennsylvania.

7. Case of Instruments, for the best Essay on a subject pertaining to Physiology, to David A. Kappes, of Ohio; with honorable mention of the Essay of William F. Kuhn, of Ohio.

8. Case of Instruments for the best Essay on

a subject pertaining to Surgery, to William A. Vaughan, of Virginia; with honorable mention of the Thesis of A. J. Comstock, of California.

9. Gold Medal for an Essay on a subject pertaining to Obstetrics, to Levi Huber, of Pennsylvania, and an other of equal value to L. M. Nason, of Maine; with honorable mention of the essays of John W. Felty, Justus Sinexson, and Evan O. Kane, of Pennsylvania.

10. Gold Medal for the best Essay on a Pathological Subject, to William H. Fenner, of Pennsylvania; with honorable mention of the Essays of Edward F. Wagner and John M. Fisher, of Pennsylvania.

Professor John H. Brinton, who had been selected to deliver the valedictory address, was then introduced, and spoke in a scholarly and eloquent manner to the class. In pointing out the pathway to professional success, Dr. Brinton said that if they expected to become rich men they would in all probability be disappointed. Few medical men, by the practice of their profession, ever amassed wealth, but they could always by diligence and devotion to it attain a decent competency. With this, and with the daily healthful exertion necessary to insure it, came, he thought, as great a degree of happiness as any man can reasonably hope for. A successful physician must have a sound medical knowledge, but although nominally the graduates ceased to be students, in reality their student life had but begun. He advised them to keep note of their cases so that in turn they could be able to contribute something to the general stock of medical learning. They should not, however, rush carelessly into print, but write because they have something to say; not because they wished to say something. They should always seek to preserve their individuality and not be carried away by theory nor plausible or fallacious reasoning. Dr. Brinton advised the graduates when they had gotten fairly to work to join a good medical society, which would prevent them from becoming rusty, to keep up an interest in their calling, and take care of their business, to work steadily and work in a right manner and a proper spirit, and with honesty and a conscientious purpose. The physician should be a gentleman not only in outward demeanor, but in very heart, and should most carefully refrain from impressions of ill-will towards his brethren, or adverse criticisms of their actions. Dr. Brinton impressed upon his hearers the great duty they owed the science of medicine in the solution of the problem of many diseases which medical treatment is still disappointing, such as consumption, diphtheria, the wave of pestilence, wide-spreading cholera, and fevers, deadly as were the plagues of Egypt, and those poisons of the blood, cancer and scrofula. In concluding, Dr. Brinton said:—

"The history of the past often points, with prophetic finger to the future. One man, great Jenner, barred the spread of small-pox, and whose name will then be blessed not less than his? When the times are ripe these men are born. I need not wander far to find a scarce closed grave of such a one; one of your predecessors, a child of our own Alma Mater, who by his life and teachings, and by the unspeakable benefits he has conferred upon suffering womankind, deserves unquestionably to be regarded as one of the great benefactors of his race. Well may the profession throughout this land join hands to raise a monumental tablet commemorative of the loveliness of the character, the goodness of the work, and the undying fame of Marion Sims."

The audience dispersed after the benediction. The exercises were short and very interesting. The class at a meeting previously held refused to have flowers sent to them at the Academy, and suggested that presents for the graduates should be sent to the College.

At the annual meeting of the Board of Trustees, Dr. John DaCosta, who has long and faithfully served the College and Hospital in the Out-Door Department, was elected gynæcologist to the Hospital.

THE CLASS SUPPER.

The Faculty received the class in the evening at Horticultural Hall, and had a most substantial and delightful supper prepared for them. The buzz of many voices was suddenly hushed as a committee quietly conducted Prof. Brinton, astonished, to the rear of the hall, and elevated him on the stage. Dr. William F. Kuhn then stepped forward and spoke as follows, in a most eloquent manner. Presentation to Professor Brinton by the President of the Class, William F. Kuhn, orator:

"PROFESSOR BRINTON: It is with pleasure that I am permitted, on behalf of the Class, to address you, our Valedictorian, on an occasion like this; an occasion that means much to us, and full of prophetic hopes from you on our behalf. We meet to-night for the last time as pupils and teachers, as students and professors, while it is a time of rejoicing that our arduous, yet pleasant, preliminary labors are ended—that we can go forth, clad in the full armor of knights, and do battle against disease and for the cause of humanity. While every heart is thrilled with those glittering, glorious hopes of ardent manhood, and the inner chamber of a young graduate's soul is lit up with that deceptive jewel of ambition; while all this is true, yet your words of wisdom to-day did not fall on unappreciating ears or unreceptive hearts. We

sat, and may we ever sit, a true Telemachus at our Mentor's feet, a Paul learning wisdom of his Master.

"Life's history is written in three words: Youth, Manhood, Old Age. It is told in beautiful numbers, sprightly youth, earnest, prime ripe old age.

"The first part of our history was written under the dominion of the slipper, and to-day, as we enter the second, you 'hurled the slipper of good-will' after us. We pause, to-night, at the second milestone of our life's journey, to bid farewell to our counsellors, our friends and fathers. We turn our backs to our Alma Mater, and go forth to take our place in the niche of the world's great possibilities. To this end your words were timely; eloquent because earnest; wise, because of experience; tender, because of the heart. You have showed us the path of the true physician, and where honorable success ever lives. We trust that we may go forth, not as if the world had been standing still waiting for our advent, but rather to do our little part in the drama of action, and knowing full well that the world will not recognize us, except we make ourselves worthy of recognition.

"He who desired to rule over Ancient Crete and wear the kingly crown of that noble race, was required by the laws of Minos to answer this question: 'Who is the most successful man?' The answer was: 'He who follows reason and the gods!' You answered it for us to-day; unless we let reason guide our every act, and know how, and why we cure, we are mere peddlers of pills, and tradesmen ignorant of our craft and dishonorable to the profession.

"The arrows of Hercules, dipped in the blood of the Lernæan hydra, were proof against the skill of the physician, until Esculapius, commissioned by the gods, his diploma from Olympus, cloud-capped, god-crowned top, went forth the true physician, healing and stopping the fatal arrows' harvest of death. Our commission received to-day is therefore twofold, it partakes of humanity, it has on it the seal of Divinity.

"To the Faculty of the College we can but say in the language of our Valedictorian, 'God be with you.' May you live long to ornament the positions you have so well adorned, and while we may be but dim and faintly glimmering stars in that bright galaxy of glittering jewels that glow in the diadem of Jefferson's honored roll, we believe that we shall not be forgotten. To you, our Valedictorian, we say: accept this cane (a handsome gold-headed cane) as a mark of our regard; treasure it not for its intrinsic value, but rather treasure it for the kind sentiments that have actuated us. May the greatest ecomium that can be pronounced upon mortal man, be yours: He has relieved suffering, he has ministered to the wants of his fellow man. And when the time shall come, ere 'the silver cord be loosed, or the golden bowl be broken,' as the sunset of life is approaching, when the shadows are becoming long; when the daughters of music are seeking the quiet sombre shades, may it guide your tottering steps. Then, as the end comes, may you be permitted to wrap the mantle of peace about you, and lie down to pleasant dreams, is the wish, the ardent wish of the Class of '84."

Professor Brinton although surprised beyond all expression, which he clearly showed, nevertheless received the pleasant shock with becoming grace, and responded in a most feeling manner. He alluded to the attention that this class had always paid him in the lecture-room, and that it should always be his aim to work to his best for their Alma Mater. After returning his heartfelt thanks and deep gratitude at their touching tribute and handsome present, he closed, wishing them success, health, and happiness in their chosen occupation of life. Professor Bartholow being warmly called for, bowed his acknowledgment, and said: "I invite you, on behalf of the Faculty, to the supper." The invitation was accepted and the class of eighteen hundred and eighty-four soon did full justice to the well prepared meal.

COLLEGE GOSSIP.

Jefferson Medical College.

Dr. O. F. Shearer (Class of 1883) is located in Altoona, Pa.

Dr. L. H. Wilson (Class of 1881) is located in Carversville, Pa.

Dr. John A. Stevens (Class of 1883) is practising at Clinton, N. C.

Dr. L. Pierson (Class of 1882), of Stanton, Neb., was married to Miss Della L. Kearney, of the same place, March 13th, 1884.

Dr. Collins (Class of 1874), lecturer on Medical Jurisprudence, in the Women's Medical College, N. Y., is also assistant editor of the Planet.

Dr. John G. Lee (Class of 1878), well and favorably known as one of the Coroner's physicians during the two preceding administrations of the Coroner's office, was elected Captain of Co. "D," Third Regiment Infantry, N. G. P., on Thursday evening, March 27th. The doctor seems still to retain his partiality for cold steel.

Dr. Morris Longstreth sailed for Europe last month. Just before his departure he delivered in the Lowell Institute, Boston, Mass., six lectures on the Germ Theory of Disease. During the doctor's short visit he was invited to appear before the Harvard Medical Class, and in his lecture to the students gave great satisfaction.

University Medical School, New York.

Dr. Chas. H. Moak (Class of 1884) has received the appointment of Ambulance Surgeon to Bellevue Hospital.

Dr. I. N. Matincheff is located at Sophia, Bulgaria, Europe. He is house physician to the State Hospital; Chief Secretary of the Medical department, in the office of the Ministry of the Interior and Secretary of the State Medical Council.

University of Buffalo.

Dr. W. G. Ring is located in Buffalo.

Dr. Geo. W. Catt is located in Norwalk, O.

Dr. M. Johnson is located at Portland, Da.

Dr. W. C. Collahan is located in Buffalo East.

Dr. C. P. Ahlstrom, is located in Jamestown, New Jersey.

Many of the graduates will remain for the spring course.

Dr. De Lancy, Rochester, enters the Buffalo General Hospital as senior resident, and Dr. H. G. A. Matzinger as junior assistant.

Bellevue Medical College.

Dr. C. F. Rinker is located at Casson Bridge, W. Va.

MEDICAL NEWS AND MISCELLANY.

THE AMERICAN MEDICAL ASSOCIATION.—Section of Practice of Medicine. Dr. John V. Shoemaker, of Philadelphia, chairman; Dr. W. C. Wile, of Sandy Hook, Conn., secretary.

The Chairman submits the official programme for the meetings of the Section of Practice of Medicine, to be held in Washington, D. C., Tuesday, Wednesday, and Thursday afternoons, May 6th, 7th, and 8th, 1884.

The following special subjects have been promised, and those who are announced to enter into the discussions have accepted, and will be present.

1. Discussion on "A Contribution to the Clinical Study of Epilepsy" will be opened by Professor William Pepper, of Pennsylvania. Dr. Roberts Bartholow, Pa.; Dr. Horatio Wood, Pa.; Dr. J. S. Jewell, Ill.; Dr. James T. Whittaker, Ohio; Dr. P. O. Hooper, Ark.; Dr. Eugene Grissom, N. C.; Dr. James E. Reeves, W. Va.; Dr. T. B. Lester, Kansas; Dr. Joseph P. Logan, Ga.; Dr. W. K. Bowling, Tenn.; Dr. John S. Moore, Mo.; Dr. James F. Hibbard, Ind.; Dr. J. J. Caldwell, Md.; Dr. John A. Murphy, Ohio, and Dr. A. P. Grinnell, Vt., are expected to take part.

2. A discussion on the "Clinical Study of the Heart Sounds" will be opened by Professor Austin Flint, Sr., of New York. Dr. Edward Janeway, N. Y.; Dr. William Pepper, Pa.; Dr. Frederick C. Shattuck, Mass.; Dr. John H. Bemiss, La.; Dr. James C. Wilson, Pa.; Dr. Richard McSherry, Md.; Dr. James R. Leaming, N. Y.; Dr. John S. Lynch, Md.; and Dr. A. B. Palmer, Mich., are expected to take part.

3. A discussion on "Tuberculosis" will be opened by Dr. Henry F. Formad, of Pennsylvania. Dr. Austin Flint, Sr., N. Y.; Dr. William Welch, N. Y.; Dr. N. S. Davis, Ill.; Dr. George M. Sternberg, U. S. A.; Dr. R. S. Fitz, Mass.; Dr. Henry O. Marcy, Mass.; Dr. James Tyson, Pa.; Dr. Edward Janeway, N. Y.; Dr. Charles Dennison, Col.; Dr. Henry F. Campbell, Ga.; Dr. W. T. Belfield, Ill.; Dr. Alonzo Garcelon, Me.; Dr. E. O. Shakespeare, Pa.; Dr. G. Smythe, Ind.; Dr. Harold C. Ernst, Mass.; Dr. W. E. Geddings, S. C.; Dr. Trail Green, Pa.; and Dr. John Lynch, Md., will take part.

The following papers are also promised:—

Ayres, S. G., M.D., New Theory and Instrument of Diagnosis. Bartholow, Roberts, M.D., subject to be announced later. Crawford, S. K., M.D., Etiology of Enteric Fever. Duhring, Louis A., M.D., Dermatitis Herpetiformis. Flint, Austin, Jr., M.D., Dietetic Treatment of Diabetis Mellitus. Green, Trail, M.D., Irregular Apopletic Attacks from Other Causes than Hemorrhage and Embolism. Janeway, Edward, M.D., Simulation of Pathognomonic Signs and Symptoms. Jackson, S. K., M.D., Typhoid Fever. Keyt, A. T., M.D., Retardation of the Pulse in Mitral Insufficiency. Linn, G. A., M.D., Specific Treatment of Diphtheria and Croup. Marcy, Alexander, Jr., M.D., Muscular Hypertrophy of the Stomach. Marcy, Henry O., M.D., The Germ-Theory of Disease. Miller, J. P., M.D., Phthisis, its Successful Treatment. Prentiss, D. W., M.D., 1. Importance of Uniformity in the Pharmacopœia. 2. A Plea for Greater Interest in the Pharmacopœia on the part of Physicians. Reed, R. Harvey, M.D., Irritation of the Capsule of Glisson. Schenck, W. L., M.D., Occult Causes of Disease. Tyson, James, M.D., The Milk Treatment of Disease. Welch, Wm. H., M.D., Pathology of Myocarditis. Whittaker, James T., M.D., The Etiology of Pericarditis. Wilson, James C., M.D., The Diagnosis of Tumors of the Anterior Mediastinum.

Accepted and approved by the Chairman of the Committee of Arrangements.

A. Y. P. GARNETT, M.D.

WASHINGTON, D. C., April 2, 1884.

CAMDEN CITY MEDICAL SOCIETY.—A special meeting of the Camden City Medical Society convened at Dr. W. A. Davis's house, S. E. corner of Third and Cooper streets, on Wednesday evening, March 26th. After the regular business had received due attention, the guest of the evening, Dr. B. F. Baer, of Philadelphia, read an interesting paper which was followed by a collation arranged and perfected in a most elegant manner by the genial host.

PHILADELPHIA MAY MUSIC FESTIVAL.—The medical profession has always been an ardent supporter of music, and many of its members have been contributors to both secular and sacred works, some of which rank with the best. The Festival Association has within its ranks well-known medical representatives in its departments of corporators and the chorus, and many familiar faces of the profession were noticeable in the audience last season. We therefore call the attention of our friends to the rich treat before them, in this, the second May festival, which will cover eight performances, from May 6th to 10th inclusive. The soloists comprise Mme. Etelka Gerster, Mme. Fursch-Madi, Mme. Trebelli; Mme. Helen Hopekirk, Mrs. A. H. Darling, Miss E. C. Hamlin, Mr. Chas. R. Adams, Mr. Chas. A. Knorr, Mr. W. Dennison, Mr. Max Heinrich, Mr. Ovid Musin, Mr. Chas. H. Jarvis, Mr. Rafael Joseffy, Mr. R. Hennig, and others—an array of vocal and instrumental favorites never before brought together in one season.

The choral works will comprise "Elijah," Verdi's grand "Requiem Mass," not yet heard in this city; the "Crusaders," also new; Bach's motette, "God's Time is Best;" Hiller's "Song of Victory;" Brahm's delicious female chorus, "Ave Maria," now given for the first time, and which will renew the enthusiasm of the "Chorus of Sirens," in the *Odyssens* last year. Other works are in progress, and the grand chorus of six hundred selected voices with all the orchestra of one hundred performers will interpret them magnificently beyond question. The excellence of drill attained last year was phenomenal to our best critics, but under the continued training of the musical directors, Messrs. W. W. Gilchrist and Charles M. Schmitz, the improvement is so marked as to place the chorus and orchestra at the head of all organizations of a similar nature in this country. The enthusiastic hard work of the management and the singers has placed the success of the coming festival beyond question, and the necessity of a music hall, such as this great city demands for great music festivals, is apparent. That before long the Festival Association will build this hall as the fruit of its labors is a certainty, and we hope the time is not far distant when this unequalled society will give its performances in a building worthy of its fame and worthy of the music-loving people of a city always appreciative of sterling work. We desire a hearty success financially to the festival, as we know the musical success to be a foregone conclusion.

Professor S. D. Gross has had the honorary degree of LL.D. conferred on him by both the Edinburgh and Pennsylvania Universities at their late commencements.

DR. OLIVER WENDELL HOLMES, though retired from active service, still lingers lovingly about the halls of the Harvard Medical School. When the old doctor comes in sight of one of the classes applause and shouting bring him to a stop. The bright, strong face lights up with a happy smile, the white head bows to the youthful topknots, and the slight, straight figure, bearing very easily the weight of seventy-five years, tries to steal away. But it won't do. The boys must have a speech, and the doctor submits. How he brightens and sparkles! No dry remarks on anatomical subjects, no learned dissertation on medical principles. Only a talk with the boys, reminiscences of the college's earlier days, happy hints and flings, and then good-by until another month has passed.

Dr. W. R. D. Blackwood, of this city, who has contributed largely to the literature of electro-therapeutics (several of whose papers have appeared in THE BULLETIN), states that, in his experience, many cases of progressive paralysis following diphtheria and scarlatina, in not only infants, but children up to puberty, are amenable to treatment, even after the lapse of *three years*, and that nearly all of such cases would recover promptly, under electricity *properly applied*. The reliance upon strychnia and iron is useless, in many instances, as the result shows, even when treated early. In long standing cases, Dr. Blackwood employs *static* currents with excellent success. The want of perseverance of those who try some form of electricity spasmodically, in obscure cases, in the doctor's opinion, does great harm, by throwing discredit upon an agent invaluable in proper hands, under proper indications.

Professor Bartholow has seen remarkably good results from full doses of salicylic acid in neuralgia, lumbago, and sciatica. Bromide of lithium in doses of gr. x–xv. three or four times a day is often another invaluable remedy, especially where there is nervous restlessness and wakefulness. Locally, in obstinate cases of sciatica, the best results can be obtained from the deep injection of chloroform. Where this is not desirable, dry cups may be resorted to with distinct advantage, or a liniment of the oil of wintergreen may be applied.

Professor S. D. Gross, who has been very ill for the past few weeks, is at present in a very critical condition, and his attending physicians have little hope of his recovery.

Dr. Charles F. Hunter, one of the most promising young men connected with the University of Pennsylvania, died at his home, April 27th, from blood poisoning, after a long and painful illness.

An interesting case which was before the Jefferson Hospital clinic last month was that of a colored boy aged 14 years, of a thin neurotic type, who had been troubled with incontinence of urine since birth. On examination of his urine it was found to be intensely acid, and therefore extremely irritating to the mucous membrane of the bladder. In addition to this condition, which was the principal cause of the trouble, Professor Bartholow thought there were also a weakness of the sphincter, and a tendency to abnormal rhythmical contractility of the bladder. The patient was ordered a vegetable diet, and bicarbonate of potash to correct the acidity of the urine, two grains of ergot, and one quarter of a grain of extract of nux vomica, made in pill form, given morning and evening, to restore the lost tone of the sphincter muscles, with ten to twenty grains of bromide of sodium at bedtime as a sedative from the irritability of the bladder.

THE NEW OFFICIAL PROGRAMME.—The so-called official programme of the American Medical Association, published by the Medical News of this city, turns out to be "non-official," as the programme at the time of our going to press, as we learn by a telegram from Dr. Garnett, had not been completed. How inaccurate and full of errors the News has become of late!

CHRONIC BRONCHITIS WITH ASTHMATIC PAROXYSMS.—Professor Bartholow recommends—

Potasii iodide, gr. xx. Liq. potasii arsenitis gtt. ij. Mix.

Take every four hours during the paroxysm, and in the intervals between the attacks, ammonii iodidi gr. v–x.

Professor Gross says that neuralgia of the cord and testes may develop as an essential lesion without any pre-existing urethral trouble, but in all the cases which he has seen, there has been a hyperæsthetic condition of the urethra due to masturbation or gonorrhœa.

Dr. Archibald S. Maxwell, a prominent practitioner in the West, died near Los Angelos, California, March 13th. The Scott County Medical Society, of Iowa, had a memorial address, and passed suitable resolutions concerning the deceased member.

HOSTETTER'S BITTERS:—

℞. Sugar	. . .	2 lbs.
Calamus root,	. .	2 "
Orange peel	. .	2 "
Peruvian bark	. .	2 " (?)
Gentian root	. .	2 "
Calumba root	. .	2 "
Rhubarb	. . .	8 ounces.
Cinnamon	. . .	4 "
Cloves	. . .	2 "
Diluted alcohol	. .	4 gallons.

BOOK REVIEWS.

A Treatise on Mental Unsoundness, embracing a General View of Psychological Law. By FRANCIS WHARTON, LL. D.

Wharton and Stillé's Medical Jurisprudence. Fourth edition, 3 vols. Philadelphia: 1884. Kay & Brother, Publishers.

This is a work already so well known by its previous editions to the medico-jurist and medico-legist, that any detailed description of its contents or review of its subject matter would seem almost superfluous, were it not that in this new edition certain changes have been introduced, which are well worth chronicling. Volume I. is a work of which, not only the author, but all those interested in the subject, may well feel proud. Thoroughly scientific in his method of research, logical in his deductions, and eminently practical in his conclusions, Dr. Wharton has produced a reliable text-book, embodying the latest views on the subject of psychological medicine, and clearly explaining the reasons for their existence.

Volume II., On Poisons, edited by Robert Amory, A. B., M. D., late Professor of Physiology, Bowdoin Medical School, and Edward S. Wood, A.M., M.D., Professor of Chemistry, Harvard Medical School, is also a well-written and carefully prepared compendium of the toxicological knowledge of the day. It contains much that is new, and is by its arrangement and the space devoted to so important a topic, a marked improvement over its predecessors of the three previous editions. The introductory remarks on poisons in general, contained in Chapter I., as well as the "Suggestions for the Medico-Legal Examination of Dead Bodies," are worthy of careful perusal by not only medico-jurists, but by members of the medical profession generally, while the collection of "Cases of poisoning, illustrating important medico-legal questions," many of them of comparatively recent occurrence, and therefore quite new in the annals of legal medicine, are interesting and instructive reading.

Volume III., devoted to the consideration of Parturition, Sex, Physical Injuries by Force, Distinctly Legal Questions, Malpractice, Homicide, Experts, Life Insurance, Defects of Vision. Prepared by Dr. Samuel Ashurst and by Dr. Wharton Sinkler, under the general supervision of Dr. Francis Wharton, presents many points of noteworthy improvement over its predecessors of the preceding editions, while the last two chapters on "Life Insurance," and "Defects of Vision," are entirely new and valuable additions to the subjects therein embraced. All the articles contained in this volume, having been carefully revised and brought up to date, it is

much widened in its scope and exceedingly instructive. The publishers, Messrs. Kay & Brother, have likewise done their part of the work well, and the three volumes, well printed on excellent paper, and handsomely bound, present a most attractive appearance. In fact the whole book, encyclopædic in its nature, presenting, as it does, an accurate picture of the vast progress that medical jurisprudence has made in this country within the past few years, cannot fail to command, as heretofore, the attention and respect of both the legal and medical profession.

Being, as it were, the arsenal from which the lawyer usually obtains his frequently profound, but often superficial and assumed knowledge of the medico-legal points of the case at issue, as it also is the most authoritative work of reference in this country, which the professional expert or medical witness can consult prior to appearing in court, volumes II. and III. should find a place in the library of every practitioner and student of the healing art.

A Manual of Psychological Medicine and allied Nervous Diseases.—Designed for the general practitioner of medicine. By EDWARD C. MANN, M.D. Phototypes and other illustrations. Octavo. Pp. xvi., 669. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1883.

The first part of this superb volume, consisting of seventeen chapters, with three hundred and nine pages, is devoted to the description, etiology, diagnosis, pathology and treatment of insanity, with a full account of laws at home and abroad bearing upon the subject. The chapters are all full of information invaluable not only to the general practitioner, but to the specialist also. The prevention of insanity comprises a short chapter, but a very good one, and that on mental responsibility and the diagnosis of insanity in criminal cases is especially clear and practical. The second part of the work is devoted to modern nervous diseases, and is particularly interesting to the profession at large. The development of nervous disease by evolution is thoroughly dealt with, and many new thoughts on this vital consideration are educed. The chapters on dipsomania, hysteria, and epilepsy are unusually good, and must throw additional light on these commonly met, but not so commonly managed disorders. More space than is usually accorded to the use of electricity in nervous and mental diseases in works of this nature is found in the volume, and the undeniable value of galvanism and static electricity in such cases is fully dwelt on. As electricity is ignored by most physicians from ignorance of its laws, its proper mode of application, and the aimless manner employed by those who do now and then try it, we are gratified to notice and specially commend this part of the volume. Altogether, the book is indispensible to those who treat nervous diseases, and it should find a place in the library of every sensible physician.

A Contribution to Facial Surgery. By DR. LEOPOLD SERVAIS, of Antwerp. Corresponding member of the Royal Academy of Medicine of Barcelona; Surgeon to the belligerent armies during the Franco-German war; Delegate of the Belgian Government to the Congress of Medical Science in Philadelphia, 1876; Member of the Congress of London, 1881. Bruxelles: A. Manceaux, editor, 1884.

This is a well-illustrated and most interesting monograph, describing the removal of a large tumor involving the two superior maxillary bones, and invading the pharynx, by Dr. Servais, who will be remembered by many of our readers as having been a constant attendant at the lectures of our revered Gross and the lamented Pancoast, in the old clinical amphitheatre of the Jefferson College, during the never-to-be-forgotten Centennial year. Dr. Servais is especially to be complimented upon the admirable style of his narrative which, terse, lucid and graphic as one of Wellington's despatches, is as vividly thrilling as a Bulletin of the Grand Army, to which, indeed, it well deserves to be compared, being the chronicle of a victory gained by Dr. Servais's skill and science over a dangerous enemy of the human frame. So, at all events, seems to have thought the Royal Academy of Medicine, of Belgium, to whom Dr. Servais, communicated this monograph on November 25th, 1882, and exhibited the patient almost entirely restored to health; for he was warmly congratulated by its President, M. Michaux, and the academy tendered him the unusual honor of a vote of thanks.

Transactions of the Medical Society of the State of Pennsylvania.—Thirty-fourth annual session. Vol. XV. Cloth, 8 vo. Pp. 518. Published by the Society. Collins, Printer, Philadelphia, 1883.

The annual meeting, held at Norristown, last May, was one of the most successful in the history of the society, and whoever reads the papers which came before it will derive profit from such perusal. It is to be regretted that no report of the discussions is given, as in many instances the facts brought to light in this way serve to impress more forcibly the teachings of the speakers, while at other times a different view may be given by some one present who has given the subject attention which may be the means of correcting a faulty process of reasoning. A considerable portion of the vol-

ume is given to reports from county medical societies, and from the positive action of the association in regard to preliminary examinations for medical students one is led to infer that an important advance will be made in this direction. A large number of the papers have been already published in the journals, and many of them have appeared as reprints, so that it is not deemed advisable to discuss their merits here. It is sufficient, however, to say that they are all well written, and in the main they are of the most practical character, the subjects under discussion being considered from a clinical standpoint.

Transactions of the College of Physicians of Philadelphia.—Third series. Vol. VI. Cloth, gilt top. Pp. 451. Edited by Dr. J. EWING MEARS, Recorder. Philadelphia: P. Blakiston, Son & Co., 1883.

The volume before us has been prepared with a view to present in a practical manner the papers presented and the discussions which have taken place before this body of distinguished physicians from December, 1881, to July, 1883, inclusive. The papers number thirty-one, and for the most part they have been prepared by gentlemen who are regarded as authorities on the subjects of which they treat, thus furnishing to the reader not only a comprehensive summary of the present state of our knowledge, but these observations may be regarded as a record of the advances made in the treatment of various forms of disease. Many of them have already appeared as reprints, and have been carefully studied by members of the profession, both at home and abroad, and when the fact is taken into consideration that along with the views of the authors we have also the remarks of others of equally extended experience, the advantages of a perusal of the book are readily apparent. The character of the work done by this body, while contributing largely to the success of its individual members, adds materially to the general fund of knowledge, and will be none the less appreciated by the general practitioner by reason of his inability to take an active part. The paper and typography are excellent, and the editorial work reflects credit on Dr. Mears.

Report of the Pennsylvania Hospital for the Insane, 1883.

The usual admirable statistical reports are presented with much interesting matter. The portion of greater interest in the volume is the full historical sketch of Dr. Kirkbride, the late superintendent, a man for the place and in the place, than whom none better ever lived. That it is handsomely printed it is only necessary to say that it was executed at the Collins Printing House.

A Bachelor's Talks About Married Life and things Adjacent. By WILLIAM AIKMAN, D.D. 8 vo. Pp. viii., 273. New York: Fowler & Wells, 753 Broadway, 1884.

An enjoyable book, written in a pleasant, colloquial style. The fifty chapters, are many of them short, but all are on topics of interest, well worded and full of good hints. For a bachelor the fund of information is wonderful, if a bachelor really wrote it. The book will be read and re-read with profit by all who are fortunate enough to secure it.

For Mothers and Daughters; A Manual of Hygiene for Women and the Household. By Mrs. E. G. COOK. With illustrations. 8 vo. pp. xi., 292. New York: Fowler & Wells, 753 Broadway, 1884.

A work on sexual physiology and hygiene to be read popularly is hard to get, and one to be perused by women with safety and satisfaction is rarer still, but this work is one to fill the void. The chapters on hygiene, food, tobacco, and stimulants are excellent. A fund of real value is bound up in a concise, straightforward form, so far as reading goes, and no mother need hesitate to put the volume before her daughter.

The two books here noted, emenating from this house, are really excellent publications; and if their other publications in popular volumes are as good as these, they must supply an important link in educating not only the young, but the old also.

Elementary Principles of Electro-therapeutics. —By C. M. HAYNES, M.D. Chicago: 8vo., pp. xviii., 426. McIntosh Galvanic and Faradic Battery Co., 1884.

This manual is published specially in the interest of the company named on the title page, and their instruments only are described, but as the McIntosh apparatus is equal to any and superior to most of the numerous batteries before the profession, we believe the book on this account to be valuable. As the whole domain of medical electricity is well covered, the careful reader must get good points from the work, and we commend it. The illustrations are particularly excellent.

Franklin Square Song Collection, No. 2. Octavo. pp. 176. New York: Harper & Bros., 1884.

This admirable collection of two hundred selections is a fitting successor to collection No. I., published a year or so ago. The numbers are well fitted for the purpose of the book, and present to the lover of music and to the family a mass of good substantial recreation not to be found elsewhere in any volume of double its size. The type is clear, the score is correct, and the *tout ensemble* is excellent.

THE

MEDICAL BULLETIN:

PHILADELPHIA, PA.,

EDITED BY JOHN V. SHOEMAKER, A.M., M D.

DAILY ISSUE, WEDNESDAY, MAY 14, 1884.

In Memoriam.

PROFESSOR SAMUEL D. GROSS, M.D., LL.D., D.C.L. Oxon., LL.D. Cantab., LL.D. Edin., LL.D. Univ. Pa.

We omit here the customary obituary sketch of this distinguished gentleman, that every physician and surgeon knew so well, as his death has long since been made known through every medical journal. That we have lost in him a beloved friend, a venerated teacher, and the greatest medical philosopher of our century, is not conveying even part of what we would say. He will live forever in the minds of his followers, and as long as the records of medicine shall exist. The appreciation of his genius was not alone ours on this side of the Atlantic, but he was as well known abroad, Virchow saying of him, "Were he not the greatest surgeon of the world, he would have been the greatest pathologist."

WELCOME!

We bid our friends, the delegates from the County Medical Societies, and their associates from sister societies at home and abroad, a hearty welcome to the City of Brotherly Love. We expect to make your stay with us pleasant; we hope to send you home again with a happy memory of the days spent with us, days of mingled profit and pleasure. We shall do all in our power to keep up the reputation of our Centennial city for real, honest, old-fashioned hospitality. Special care has been taken by THE BULLETIN to render its columns a help to our visitors, and we shall give a faithful *résumé* of the proceedings of the Convention daily for your convenience. We suggest to our readers the advisability of a careful study of the exhibits of pharmaceutical and mechanical products at Horticultural Hall. The world-wide fame of Philadelphia manufactures of many kinds is a household word, and you have the opportunity of seeing them in departments specially interesting to physicians. None the less heartily do we commend these attractions to our friends from New York and other outskirts of our "overgrown village." Take all in, enjoy your visit, and come again. THE BULLETIN greets you with a hearty welcome!

EDITOR'S ANNOUNCEMENT.

With this number the publication of THE MEDICAL BULLETIN will be from the office of the well-known medical publishing firm of F. A. Davis, attorney, they having, by purchase, obtained the stock, material, and good-

will from the subscriber. While retaining my position as editor, they have assumed all of the mercantile and business affairs, enabling me to give still more attention to the reading columns of THE BULLETIN. A larger circulation and prompt business transactions will readily show the advertisers the advantage of such an arrangement.

Respectfully,
J. V. SHOEMAKER, M.D.

PUBLISHERS' ANNOUNCEMENT.

In assuming the publication of THE MEDICAL BULLETIN, we venture to express the hope that it may not, in our hands, lose, in any degree, the merit which has hitherto called forth the recognition and support of so considerable a portion of the medical profession.

In furnishing this daily edition of a medical journal, we make the first departure of the kind in the history of Philadelphia and the second in that of the world. We cannot help feeling a natural degree of pride in our venture, as well as in the kindly patronage which incited and has followed it.

We desire to call attention to the advertisements appearing in its pages, and trust that our many readers will not forget that it is the liberal support of these enterprising and deserving houses that renders this new departure in medical journalism in this city not only possible, but successful. We feel assured this fact will not be overlooked and that our advertisers will find that they have not dealt with a non-appreciative profession.

Our readers will rejoice with us that THE BULLETIN is still to remain under the able editorial management of Dr. J. V. Shoemaker, to whom all matter for publication should be sent.

The circulation of THE BULLETIN, already large, will, in the immediate future, be largely extended, and we invite the attention of advertisers to its superior advantages. A careful examination of its merits and circulation will satisfy them that it is a valuable and economical advertising medium for reaching the medical profession. While a liberal advertising patronage is a sign of prosperity, and will, we trust, be viewed with satisfaction by our readers, a strict supervision will be maintained over the advertising columns, to which nothing of an objectionable or doubtful character will be admitted. Our readers may safely deal with the firms whose advertisements appear in THE BULLETIN.

In order that we may be enabled to publish the best possible journal for the least money, all subscriptions will be payable strictly in advance. A long and close observance of the experience of other publishers has convinced us that in no other way can the publisher give his paying subscribers their just and honest due. In all branches of business in which accounts are run and credits extended, a certain percentage of loss occurs, which can only be made up by an added profit on the amounts contributed by those who do pay. This we consider unjust. There is also an additional expense incurred in keeping accounts and making collections, which is entirely unnecessary in the rule which we have adopted—viz., that of *payment in advance*—a rule which enables us not only to claim, but to demonstrate that, so far as THE BULLETIN is concerned, the majority who pay need not bear the extra burden of expense entailed by the minority who do *not* pay.

Subscriptions can be given to our solicitors in their respective fields or sent directly to us.

Hoping THE BULLETIN may merit and receive in the future a continuance of the liberal support of the past, we remain,

Very truly yours,
F. A. DAVIS, Att'y.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Thirty-fifth Annual Gathering.

FIRST DAY'S SESSION.—The Society will be called to order this morning promptly at ten o'clock by the President, Dr. Henry H. Smith, of this city. After prayer by the Rev. John S. MacIntosh, D.D., the following programme will be carried out, a full report of which will appear to-morrow morning in the daily issue of THE MEDICAL BULLETIN.

Presentation of Register of Delegates, WM. B. ATKINSON, Permanent Secretary.

[10.15] Address of Welcome, JOHN B. ROBERTS, Chairman Committee Arrangements.

Address, HON. ROBERT E. PATTISON, Governor of Pennsylvania.

Report of Programme of Meeting:

Introduction of delegates from other societies, and of visitors not delegates.

[10.30] Report of delegates to the American Medical Association.

Report of delegates to the Medical and Chirurgical Faculty of Maryland.

Report of delegates to the Ohio State Medical Society.

Report of delegates to the New Jersey State Medical Society.

Report of delegates to the West Virginia State Medical Society.

Report of delegates to the Delaware State Medical Society.

Report of delegates to the Massachusetts State Medical Society.

Report of Permanent Secretary concerning last meeting, distribution of schedule of subjects for examination, etc.

Report of Corresponding Secretary.

Report of Correspondents of Library of Medical Society of State of Pennsylvania.

Report of Committee of Publication.

Report of Medical Examiners of County Societies, giving number examined.

Report of County Medical Societies.

Report of Committee on Appeal of American Anti-vivisection Society.

Report of Committee on State Board of Health.

[12] Amendment to By-Laws, Art. V, offered by Henry Leffmann, on behalf of the Philadelphia County Medical Society. Add as Section 8: "No paper shall be read before this Society unless the same has been previously read, either in full or in abstract, before a County Society and by it referred to this Society."

Reports of Committees on Statistics as per resolution of May 10th, 1883.

Committee on Insanity and Lunacy.

Committee on Medicine.

Committee on Surgery.

Committee on Diseases of Women and Children.

Committee on Ophthalmology, Otology or Laryngology.

Committee on Nervous Diseases.

Unfinished Business.

New Business.

INTERMISSION, 1 P. M.

Luncheon at Union League on invitation of Drs. J. Solis Cohen and James Collins.

[2.00] Announcements by Committee of Arrangements.

Address in Hygiene and State Medicine.—"The Present Outcome of Sanitary Agitation in Large Cities."—BENJAMIN LEE, Philadelphia.

[Republican form of government not favorable to highly intelligent legislation. Cultivated classes must supplement it by voluntary action; hence sanitary movements under private auspices are taking the precedence of sanitary legislation.]

Reading of Voluntary Papers in the Following Order.—"A Pennsylvania State Board of Health," E. A. WOOD, Allegheny Co.

[Question growing in importance. Must bear inquiry, discussion, and deliberation. Prejudice against it. Its advantages.]

"Proper Medical Education," HENRY LEFFMANN, Philadelphia.

[Present system unsatisfactory. Division of branches usually adopted altogether antiquated. Need of higher specialization. True function of colleges is teaching and not licensing.]

"Hygiene in the Public Schools of Philadelphia," THOMAS H. FENTON, Philadelphia.

[Location of buildings. Ventilation. Drainage. Illumination. Water supply. Seating of pupils. Amount of recreation. Hours of study.]

[3.30] Calling upon delegations for members of Nominating Committee.

Address in Mental Disorders.—"Relation of Heart Disease to Insanity," ALICE BENNETT, Montgomery Co.

[Common occurrence of heart disease in certain forms of chronic mania with delusions and hallucinations. Analysis of five hundred

cases of insanity in regard to connection with cardiac affections.]

Reading of Voluntary Papers in Following Order:—"The Protective Rights of the Insane in Pennsylvania," R. H. CHASE, Montgomery Co.

[Important legislation recently enacted. Protective rights in this State equal to those in any part of the world. Discussion of some of these rights. Contrast between condition of insane in this and other States.]

Unfinished Business.

New Business.

Reading of Minutes.

ADJOURNMENT AT 5 P. M.

[5.30] Visit to Pennsylvania Hospital, Eighth and Spruce Streets, on invitation of Board of Managers and Medical Staff.

[8 00] Dr. Henry H. Smith's reception at the Pennsylvania Academy of the Fine Arts, Broad street above Arch.

[10.00] Banquet given by the Philadelphia County Medical Society at the Pennsylvania Academy of the Fine Arts.

Aristocracy in Medicine.

When an eminent professor at a commencement of Jefferson Medical College, some years ago, spoke of medicine as the most democratic of all professions, he struck the keynote upon which the advancement and success of medicine at all times must depend. The science of medicine has always been cultivated by the workers alone with success, and the kid-gloved fledglings of wealthy and would-be aristocratic families, who espoused it as a clean and respectable way of gaining a living and perhaps renown, have most generally been left behind in the onward progress of our science.

Medical science cannot be taught or learned theoretically only, and the man who would dislike to soil his hands at the dissecting table, with the natural incidents of the obstetrical bed, or the blood and pus of the operating table, is no more a member of the great medical profession than the soldier who would glean his knowledge from a perusal of the Punic Wars, or Napoleon's march over the Alps. To attain knowledge or aspire to eminence, without the labor of actual practice, is as absurd as the naval parlance of creeping in through the cabin windows. It seems naturally laborious to one accustomed to wealth and luxury to learn from the example of others, after a tedious course of study at college, or to hunt up the hovel of the unfortunates in unclean and untidy premises in byways and alleys; but for him that would covet the name and fame of a physician, this is as imperative as the study of letters to read and understand books. It is singularly true that most of our great physicians have commenced their careers in the low walks of life and by their early wearisome labors laid the keystone to their subsequent greatness. Very few great and successful physicians have seen in their offspring the greatness they would have descend upon them, and this simply by sparing them their own laborious and humiliating experiences. Skill and greatness is never inherited, but descends only on those who are willing to compete and battle for it.

At the recent meeting of the American Medical Association the chairman of the section of practical medicine, called attention to the fact that there is, just at this present time, a tendency of a few to gather in cliques, who consider themselves superior to the ordinary practitioner, and proceed to consider momentous questions with great satisfaction and mutual admiration to themselves, and with shut doors to the plebeian general practitioner. They assume most generally to have devoured all there is known or to be known of some special branch, neglecting the general knowledge and practice. These are generally the scions of wealthy parents, who would spare their fond offspring the low walks in life of a common physician, but who would have them shine from the start as the *lumina radiantes* of society.

Others, without taking to such special branches even, which are still beneath their lofty sphere, step forth as self-constituted teachers, authors, and editors; these are mostly sons of eminent men, who conceive that the greatness of their fathers has been imparted to them in embryo, with all their knowledge

together. They have often, after vainly attempting to allure the multitude to their offices by their self-conceited greatness, thinking themselves to the purple born and above degrading, ordinary labor, of which they had no need by the savings of their hard working sires, or the filled coffers of their wealthy partners in life, assumed the mantle so gracefully worn by their predecessors, and enter upon medical editorial work, so clean and elevated above the common rabble of practitioners. As such they will probably run down the number of subscribers to their journals, and to maintain their fast-waning hold upon the public attention, they probably take to sensationalism, belittling the efforts of every one excepting their aristocratic clan, attacking any ordinary practitioner whose hard work has been crowned by some public office, instigating distrust in well-established articles of manufacture by analysis, which, though to them incomprehensible, they assert as thoroughly trustworthy, and attack most any one or everybody who by hard work is made more prominent than they themselves. Such is the would-be aristocracy of medicine. Let us turn to the brighter side of our picture, and behold the youth, whose hardworking parents, recognizing his ability, manage by careful savings to give him his education, or perhaps he himself, by hard toil, acquires the means to satiate his thirst for knowledge. In his medical studies we find him interested not alone to comply with forms, but to acquire science; he is early and late at the dissecting table, the clinics, and the bedside of the outdoor poor patients. Amidst his struggle in practice with the necessaries of life, we find him still a close student, a writer, a contributor to the vast accumulation of literature, an author and teacher, always the friend of the student and practitioner, ever ready to relieve suffering; and the poor youth, the farmer boy, the artisan's son, the hard worker grows to be honored both at home and abroad; well-merited laurels adorn his brow, until he departs hence, deplored, bewailed by every one, like a Pancoast, a Gross, a Meigs and others, a true nobleman of the profession, those whom their mind and work has stamped as meriting aristocracy, which at no time they have ever claimed or aimed at.

The Meeting of the American Medical Association.

The meeting just concluded at Washington of the representatives of the medical profession of America was one of the most successful held of recent years. The President, Dr. Austin Flint, Sr.; the Permanent Secretary, Dr. W. B. Atkinson; the Chairman of the Committee of Arrangements, Dr. A. G. P. Garnett and his staff, and all the officers of the Association were unusually active, and added much toward making the meeting both interesting and profitable. All this was accomplished notwithstanding the mud that was thrown and the croaking that was carried on by some of our contemporaries at faithful and efficient officers.

The Association of American Medical Editors.

The meeting held Monday, May 5th, was largely attended and the discussions animated. The following officers were elected for the coming year: President, Dr. Henry O. Marcy; Vice-President, Dr. John V. Shoemaker; Secretary, Dr. H. O. Walker. The Association will convene next year at New Orleans, La.

The Weekly Medical Journals.

The best and most reliable weekly medical journals now published in America are "*The New York Medical Record, The Medical and Surgical Reporter*, of Philadelphia, Pa.; *The New York Medical Journal*, and *The Journal of the Americaa Medical Association.*

Our Guests.

The following prominent physicians will be in attendance at our meeting: Dr. M. H. Henry, of New York, American editor of Fox's Work On Skin Diseases, a prominent practitioner of that city, and a member of the American Medical Association; Dr. William C. Wile, editor of the *New England Medical Journal;* Dr. John Reyburn, and N. S. Lincoln, of Washington, D. C., physicians to the

late President Garfield; Dr. Isaac N. Quimby, of Jersey City, N. J., member of the American Medical Association, and one of the foreign delegates; Surgeon-General Theodore Varick, of New Jersey; Governor Robert Pattison, of Pennsylvania; Surgeon-General Reed, of Pennsylvania; Prof. P. W. Bedford, N. Y.; Prof. A. A. Smith, New York; Dr. Beverly Robinson, New York; Profs. Litimer and Ossee, Baltimore, Md., and Dr. Bush, of Wilmington, Del.

Medical News.

As this is the first time that the State Society has convened in Philadelphia since the Centennial, we expect to have the pleasure of again welcoming many of the older members, some of whom have not been present as often as in earlier days. Among the ex-Presidents we understand that we are to have the company of Prof. Traill Green, the chemist of Lafayette; Dr. J. L. Stewart, the surgeon of the northwestern corner of the State; the venerable Dr. Hiram Corson, who so cordially entertained the Society last year at Norristown; Dr. Geo. F. Horton and Dr. Wm. Anderson, the quiet country doctors of the interior. Nor can there be any excuse for the absence of Ross, Curwen, Pollock, Kieffer, Irwin, Mowry, Carpenter, Ziegler, and Varian. Nebinger and Agnew are at home and will honor us by their presence. While we rejoice at the recognition of all these familiar faces as old friends, one thought saddens our heart when we think of him that has but just departed from our midst: Gross—the immortal Gross, the father of surgery of our country—will no longer with his benign smile and the cordial grasp of his hands gladden our hearts or lend dignity to our proceedings by his dignified presence. While we know and feel that the coming generation of surgeons and pathologists are most worthy disciples of their great teacher, we cannot help thinking that we shall never look upon his like again; for though history repeats itself and produces in cycles similar men and characters, men like our departed friend do not turn up with every generation.

The Exhibition in Connection with the 35th Annual Meeting of the Medical Society of the State of Pennsylvania.

Among the many interesting features of this session is quite an elaborate display of our prominent manufacturers of chemical and pharmaceutical products, as well as book publishers and firms who have for sale the articles necessary for the treatment of disease by the physician. We would call especial attention of our visiting colleagues to this, and to direct them to the places which will prove most interesting to them we notice a few of the most prominent of the exhibitors and their exhibits, which will be found at Horticultural Hall a few doors from the place of meeting.

William R. Warner & Co., the well-known manufacturers of sugar-coated pills, have an elegant display of their beautiful goods. Their pills are not alone the most handsome in the market, but their reliability is well known and they are readily soluble. Their parvules and desimetric granules are innovations that deserve the special attention and study of the physician as aids for bedside administration so much to be desired. Their ingluoin is so well known as to need little mention here, and their pharmaceutical and chemical specialties are of the greatest elegance.

Messrs. Parke, Davis & Co., of Detroit, have arranged for an exhibit of their interesting and beautiful goods in a room of the St. George's Hotel, close by the hall of the meeting. Their enterprise and untiring zeal in the development of new remedies is well known amongst American physicians, their fluid extracts are of the most reliable in the market, their normal liquids a very desirable addition to our store of pharmaceutical products, and their gelatine capsules are goods of the most elegant in the market. Their endeavor to give legitimate products only and their antagonism to secret preparations and nostra certainly commend them to the profession.

L. Wolff & Co. This well-known firm of chemists, who have originated the soluble compressed pellets for hypodermic medication as well as the new oleates, have a most brilliant

display of their chemical products, such as pellets for hypodermic use, true oleates, apiol, ethyl bromide, ethyl iodide, camphor monobromate, hydrobromic acid, fluid extract of malt, podophyllin, and podophyllotoxin, along with their many other new and most interesting therapeutic agents. For elegance of their products as well as reliability this firm ranks with any other in the market.

F. A. Davis, Att'y, the book publishers of this city, who are the agents for Wm. Wood & Co. of New York, have a fine array of the best standard medical works of recent publication, in charge of Dr. A. L. Hummel Amongst them, "Wood's Library of Standard Medical Authors" deserves especial mention, as well as the other works published by that firm. Messrs. F. A. Davis, Att'y, are rapidly rising to the front place amongst the most prominent medical publishing firms of this country, and show their enterprise by the purchase of THE MEDICAL BULLETIN, which now and hereafter appears as their publication under the same editorial staff.

Of the manufacturers of surgical instruments there are none which at this time excel the old and well-known firm of William Snowden of this city. Their display of mechanical apparatus for the aid of the surgeon at their store, No. 7 South Eleventh Street, certainly deserves the visit of every physician attending to the Convention.

Proceedings of the American Medical Association.

The section on practice of medicine was called to order by the Chairman, Dr. J. V. Shoemaker, of Philadelphia, May 6th, 1884, in the Congregational Church.

Dr. Janeway, of New York, read a paper on "Simulation of Pathognomonic Signs and Symptoms." He referred to many errors made in diagnoses and gave instances of serious errors in heart, lung, brain, and kidney troubles. The paper was discussed by Drs. Donaldson and Lynch, of Baltimore.

Dr. Austin Flint, Sr., of New York, then read a paper on "Clinical Study of the Heart Sounds." He divided these into five kinds, two diastolic, three systolic. The diastolic are aortic and pulmonic; the systolic are mitral, tricuspid, and impulse of the heart against the chest wall. The location of each sound was then stated, and the significance of altered sounds given. Abnormal increase in intensity of the aortic sound is referable: 1. Increased power of the systole of the left ventricle. 2. Increased blood pressure in the systemic arteries. The experiments show that increasing blood pressure has no effect on the aortic sound. The intensity of the pulmonic sound is increased by increase of the blood pressure in the pulmonic arterial system. Insufficiency of the mitral valve is represented by a murmur, which simply denotes insufficiency without giving information as to its amount. The sound of impulse furnishes this. The sound of impulse is increased in cardiac hypertrophy and diminished or absent in weakness of the ventricular systole. Alterations in the tricuspid sound are not of much importance on account of the rarity with which this valve is attacked with disease. Hypertrophy of the right ventricle intensifies it.

Discussion.

Dr. F. C. Shattuck, of Boston, stated that many authors claim that muscular contraction is an important element in formation of the first sound of the heart.

Dr. J. C. Wilson, of Philadelphia, stated that the Germans had for some time been following the plan suggested by Dr. Flint in the study of the heart sounds. He had himself been employing a similar plan, dividing the sounds into four instead of two. He would like to hear what Dr. F. had to say in regard to the muscular contraction being one element of the first sound.

Dr. McSherry, of Maryland, spoke of the value of a study of the pulse and contrasted our present knowledge of diseases of the heart with that thirty years ago.

At this point a telegram was received from Philadelphia, announcing the death of Prof. S. D. Gross.

Dr. J. S. Lynch, of Maryland, referred to the importance of alteration of the aortic sound in Bright's disease. A large part of the booming character of the first sound was

due to the vibration of the aortic walls at each systole of the heart. He could not understand why increase in the blood pressure in the large arteries should not increase the intensity of the aortic sound. Dr. F. had stated that the intensity of the pulmonary sound was increased by increase of blood pressure in the pulmonary arterial system. Why should not the same result follow increased pressure in the systemic arteries?

Dr. Garland, of Massachusetts, stated that it was often difficult to decide whether a murmur was coincident with or replaced the cardiac sound. This is important to decide in diagnosis. He spoke of the importance of getting rid of the respiratory movements in trying to determine this point. A murmur will sometimes disappear when the breath is held for a moment. A deceptive murmur is sometimes heard at the base of the heart, right or left of the sternum and up and down its border. It is systolic in time. This murmur disappears on full inspiration.

Dr. Donaldson thought it a question whether or not the impulse of the heart could produce a sound. Muscular contraction does not produce a sound of sufficient force to be heard without very delicate instruments. The first sound is produced by the closure of the mitral and tricuspid valves. Where these have been prevented from closing the sound has been absent. In presystolic murmurs, Dr. Leamy, of New York, has claimed that they are not presystolic, but they occur at the beginning of the systole.

Dr. Flint, in concluding the discussion, said that many of the points advanced were in reference to the mechanism of the sounds and in regard to murmurs. These he had not touched on in his paper and therefore he waived any consideration of them at this time. His paper was concerned solely with the clinical aspects of the heart sounds. In regard to Germans having taught the subject in the same manner as he did, he would state that twenty-six years ago he had pointed out this plan. He could not explain why the blood pressure acted differently in the pulmonic and systemic arteries, but such appeared to be the fact.

Dr. James T. Whittaker, of Ohio, read a paper on the Etiology of Pericarditis.

This is a disease which, from the fact that its local signs are not, as a rule, marked, is frequently overlooked. It often occurs independently of rheumatism, but on account of the frequency of rheumatism, this is the most important single cause of the disease. It is a disease of youth and maturity, occurring most commonly between the ages of twenty and thirty. It may, however, occur in children, and has been noted in the fœtus. It is most commonly seen among those who work hard.

The Doctor divided it into two varieties: the consecutive or mechanical, and the infectious or mycotic. The first follows some direct injury from without or within. The second follows the infectitious diseases. Any disease produced by micro-organisms may be accompanied with pleurisy. These organisms are especially prone to attack the serous membranes, because, in the first place, their circulation is sluggish and at times stagnant, and, in the second place, in consequence of the abundance of their lymph spaces. In rheumatism, pericarditis occurs most frequently from the fourth to the fourteenth day of the disease. Tuberculosis may produce this disease mechanically or by the action of the micro-organisms.

Dr. Burris, of Florida, referred to the fact that impurities in the blood often caused symptoms closely simulating pericarditis. He also called attention to the nervous affection of the heart and the frequent mistakes which were made in diagnosis.

Dr. Prentiss, of Washington, being prevented from attending the meeting, his paper, entitled,

"Importance of Uniformity in the Pharmacopœia: A Plea for greater interest in the Pharmacopœia on the part of Physicians," was read by title and referred to the Publication Committee.

Dr. Black, of Illinois, read a paper entitled,

"The Production of Poisons by Micro-Organisms," in which he made an extended review of the subject.

Dr. Duhring then read a paper—"Dermatitis Herpetiformis."

Under the name of Dermatitis Herpetiformis, the author proposes to group a number of cases of a rare disease of the skin which he has met with from time to time having some features in common with several well-known diseases—notably herpes, pemphigus, and eczema—but which, nevertheless, is distinct from these affections. It manifests itself by the formation of erythematous patches of an urticarial or erythema multiform-like character—variable sized, irregularly shaped, or stellate, flat or raised, more or less grouped, herpetic vesicles; blebs of similar character; pustules, flat or accuminate, whitish in color, with a more or less inflammatory base; and papules, vesico-papules, and variously sized, circumscribed infiltrations, all the lesions inclining to assume an herpetic character (taking herpes zooster as the type of eruption), accompanied with violent itching. One or another of these varieties of lesions may be present alone, or, as often happens, they may appear together as a mixed or multiform eruption, or the several forms may succeed one another during an attack, or as a subsequent relapse. The disease is remarkable for the multiformity of lesion. Thus, it may be divided into the erythematous, papular, vesicular, bullous, pustular, and multiform varieties.

The last paper of Tuesday's session was read by Dr. Traill Green, of Pennsylvania, on chlorate of sodium as far more efficient than the chlorate of potassium. He has been using it since 1866. It is soluble in one and one-tenth parts of water; it is applicable to all conditions in which the potassium salt has been used. He had employed it in poisoning, with the Rhus toxicodendron, with great satisfaction, bathing the part with a solution of from one to three drachms to the pint of water. For eighteen years he has used no other treatment. A solution of twelve grammes to a litre of water is a soothing application in erysipelas. The caution given was not to allow the cloths saturated with the solution to become dry, because they were readily set on fire. In conjunctivitis a solution of four grammes to 500 C. C. of water is of service. The sodium salts do not act on the heart as do the potassium compounds. A section of heart-muscle placed in a solution of potassium salt is soon completely paralyzed, but if removed and placed in a sodium solution its irritability is regained.

Dr. Caldwell, of Baltimore, had also used the sodium chlorate with satisfaction, and fully indorsed the statement of Dr. Green.

Adjourned.

Wednesday, May 7th, 1884.

At eleven o'clock A. M., the Chairman of this section, Dr. J. V. Shoemaker, of Philadelphia, delivered his address.

At 2.30 P. M., the regular session convened.

Dr. R. H. Reed, of Ohio, read a paper entitled, "A Periodical Painful Affection Believed to be Located in the Liver, its Capsule, or Both; or Possibly a True Irritation of the Capsule of Glisson."

The paper described a peculiar train of symptoms which the reader and Dr. J. W. Craig have found occurring in a number of patients during the past six or seven years, which he inclined to believe is the result of an irritation of the capsule of Glisson. He defined the disease to be a rheumatoid irritation of a part or all the connective tissue which forms the inner tunic of the liver and envelops the portal vein, the hepatic artery and duct, together with the lobules of the liver, and which is characterized by burning, boring, throbbing, darting, or lancinating pain occurring usually at night, but unattended with signs of inflammation, by chill, fever, constipation, loss of appetite, or headache.

Discussion.

Dr. J. J. Caldwell, of Baltimore, said that the function of the capsule of Glisson and the other capsules was not well understood. Brown-Séquard had shown that the removal of the capsule of the kidney was followed by a diminution of the red-blood corpuscles. He was sorry that the author had not gone into this point.

Dr. William Pepper, of Philadelphia, then read a paper on Epilepsy.

In a purely clinical discussion of epilepsy, our conception of the disease should be broad one. Cases of organic disease should be ex-

cluded. This is sometimes difficult. There is no trouble in those instances in which the common symptoms of brain tumor are present, but in cases in which epilepsy follows sunstroke, the distinction is not so clear.

Hysteria should be excluded. Typical epilepsy and typical hysteria are readily distinguished, yet there are many facts showing their analogy. A case was then quoted of hysteria associate with neurasthenia, apparently depending on membranous entiritis, with great prominence of the vaso-motor symptoms and the appearance of crops of stigmata before the attack.

Both epilepsy and hysteria represent conditions of mal-nutrition with morbid sensibility and irritability of nerve-tissue brought about in the most varied manner. In hysteria it seems that the ganglionic nervous-tissue is especially vulnerable, and the gray matter within the encephalon less so, though instability of this may co-exist. An attack may be induced through violent disturbance of ganglia controlling intra-cranial circulation and consequent discharge from unstable gray centre in cortex or elsewhere. Epilepsy seems to depend upon a supremely unstable condition of one or more areas of the gray matter within the encephalon, rendering it liable to sudden and violent discharges. This instability may be brought about in varied manner. The most prominent influences are heredity, nervous exhaustion, as from overgrowth, over-strain, or exhausting illnesses; shock or sudden powerful impressions, as from physical injury, with or without distinct lesion of cranial bones; sunstroke, purely physical shocks, as from fright; instability of circulation, with disturbed nutrition of the brain, as in heart disease, and in connection with heart disease there is a possibility of minute embolisms interfering with the nutrition of small areas, prolonged peripheral irritation, especial reference being made to chronic catarrhal irritation of the gastro-intestinal tract. A consideration of these points teaches that these cases grouped under the name of epilepsy are not afflicted with a single definite disease, but they exhibit in common merely a state of impaired nutrition and morbid instability of the gray matter, varying greatly in different cases. In a larger number of cases, the recurring convulsions are connected, not with irregular, advancing, morbid tendency, or irregularly progressive anatomical change, but with occasional and irregular operation of these widely different causes, which disturb the weak centre and induce explosive discharges.

The evil effects of habit are prominently exhibited in this disease, so that if the instability cannot be reduced and the provoking causes not removed, the attacks will be more and more readily induced until they will at last be excited by almost imperceptible causes.

Among provoking causes may be mentioned indiscretions in diet or improper food. These may act in different ways by exciting local irritation of the mucous membrane, which will act in a reflex manner, or it may induce a condition of toxæmia from the admission to the blood of imperfectly elaborated elements, or from the failure of the emunctories to remove some product of malassimilation. In many of the cases seen by Dr. Pepper, the attacks bore a close analogy to spells of vertigo induced in lithæmic patients by indiscretions of diet.

Scarlatina is frequently followed by epilepsy. In some cases, this is explained by the tendency to widespread tissue change, so that impaired nutrition of the gray matter might be expected to occur at times, in others, this disease may act by leaving such a degree of renal insufficiency as will, under comparatively slight causes, lead to toxæmia from the retention of malassimilated materials. It does not seem necessary that such a condition should reveal itself by the presence of albumen in the urine, although Huppert states (*Archiv. fur Psychiatrie*, 1877, p. 189) that immediately after an epileptic attack albumen is almost invariably present, and hyaline tube-casts can frequently be found.

In those cases in which the morbid state has been brought about by sunstroke or exposure to excessive heat, it will often be found that attacks will be induced by undue exposure to the rays of the sun or even to intense light. When the nervous instability is associated with cardiac lesion, I have frequently

noticed that muscular exertion or excitement of the circulation directly induced the attacks. In all cases, mental excitement or too close application, or sexual excess, will favor seizures.

It is often stated that epileptics are in full health. This certainly does not accord with my experience.

No one plan of treatment is applicable even to a large majority, but each case requires separate study and a special line of treatment.

The primary cause should be removed, and the same is true of the provoking cause. The leading principles of treatment are to relieve anæmia, neuræsthenia, and morbid susceptibility, by diet, change of occupation, change of residence, and rest. Intestinal irritation should be removed, especial reference being made to an absolute milk diet long continued. Other special forms of diet are required in certain cases. Nitrate of silver is of particular value in those cases where gastro intestinal irritation is a prominent condition.

Over-exertion should be avoided in all cases and especially in cardiac cases. Excitement and over-exertion of mind should also be guarded against.

Counter-irritation should be employed, the best effect being obtained from the actual cautery, and this is of special value in those cases where definite intracranial irritation is suspected, as after insulation. The cautery occasionally exerts a good effect in organic cases.

Trephining is valuable in a considerable number of cases, when circumscribed lesion of the cranial bones is suspected.

The removal of genital irritation is important, the question of circumcision being the most important. Its value has, however, probably been overestimated.

It is important to arrest the attacks if possible, for their continuance strengthens the bad habit and renders subsequent attacks more readily developed. The use of the ligature to arrest the aura, nitrite of amyl and other expedients may be employed. Various drugs are to be recommended, such as the bromides, belladonna, and assafœtida, enemas of chloral, iron, and other tonics. The great value of the bromides is recognized, but caution is to be given in regard to their frequent failure, their abuse, and their dangers.

Dr. Pepper's paper was discussed by Drs. Flint, Hibbard, Caldwell, Tyson, Bartlett and Pattee, after which Dr. James C. Wilson, of Philadelphia, read a paper on "The Diagnosis of Tumors of the Anterior Mediastinum."

The most frequent tumors are lymphoma, sarcoma, and carcinoma. Carcinoma probably never occurs as a primary disease. Primary sarcoma is also rare. Lymphadenoma is a more frequent form of growth. The diagnosis of tumors of this space can not be positively made. The principal symptoms are pain of a pleuritic character, superficial, not deep, as the pain of aneurism, dyspnœa, dysphagia, constriction and compression in the sternal region. It is apt to be paroxysmal and this has diagnostic value. Fever is absent unless due to inflammatory complication. Nutrition is often good, emaciation being, as a rule, due to pressure on the œsophagus. There is found distention of the veins of the neck, protrusion of the eye-balls, inequality of the pupils and tumefaction of the face and neck from serous infiltration. Asymetrical protrusion of the upper part of the chest may also be present. Enlargement of the thyroid gland and of the glands at the root of the neck and in the axilla often occurs. The heart is usually enfeebled and its rhythm disturbed. The respiratory murmur is diminished and stridor is less common than in aneurism. The differential diagnosis from aneurism is based on the history, the presence of malignant growths elsewhere, existence of dullness on percussion without the characteristic signs of aneurism, the presence of a pain of a stitch-like character, the sense of constriction, and the age of the patient. Tumors are distinguished from pericardial effusion by the irregular outline of the dullness, the greater transverse diameter, the dullness is, as a rule, at a higher level than in effusion and the absence of any of the common causes of pericarditis.

The Doctor then went on to give the differential diagnosis between the different forms of

tumor which may occupy the anterior mediastinum.

Dr. William H. Welch, of New York, read a paper on "The Pathology of Myocarditis."

Diseases of the heart-walls are among the most important. Of all diseases of the cardiac muscle, myocarditis is the most important. He reported a number of cases in which examination of the heart, during life, had revealed no positive signs of disease, but where, the patient dying suddenly, there was found, after death, occlusion of the coronary arteries and myocarditis. He classed the cases which he had seen as follows: 1. Cases where no symptoms referable to the heart were noticed during life, death occurring from other causes. 2. Sudden death without known symptoms referable to the heart; lesions of the coronary arteries and myocardium being the only assignable cause of death. 3. Sudden death, preceded by one or more attacks of angina. 4. Cases where symptoms of cardiac insufficiency had been present for a short time. 5. Cases with the usual symptoms of disease of the valves of the heart.

Drs. Austin Flint, Sr., and McSherry reported a case.

Drs. Donaldson and Janeway made remarks.

"Irregular Apoplectic Attacks from other Causes than Hemorrhage or Embolism," by Dr. Griswold, of New York.

The term apoplexy is used in this paper to denote the sudden on-set of a train of symptoms in which unconsciousness, hemiplegia, and convulsions are prominent, without any reference to the cause of the symptoms. Pathology has taught the dependence of apoplexy upon cerebral hemorrhage, embolism, and thrombosis, and has enabled us to distinguish between them with considerable accuracy. We know that unconsciousness is most profound in cerebral hemorrhage; that consciousness may be preserved in embolism, even when hemiplegia is well marked, and that in meningeal hemorrhage we may have coma and convulsions with illy defined hemiplegia. Post-mortem examinations have placed the study of organic brain disease upon a very satisfactory basis. Post-mortem examinations cannot help us much in the study of functional disturbances of the cerebral circulation; it is generally impossible at autopsies to decide whether the brain was anæmic or hyperæmic just before death. Cases of functional disturbance of the cerebral circulation, even when sufficiently severe to cause most alarming symptoms, rarely terminate fatally. We are obliged, therefore, to depend upon experiments and clinical observations for what we know about variations in intra-cranial blood supply. Anæmia of the brain causes coma and convulsions, and heart failure or vaso-motor nerve disturbance may cause anæmia of the brain. Hence we see all variety of symptoms attending functional circulatory disturbances, varying in degree from the lightest shades of vertigo to the profoundest coma. The symptoms of cerebral hemorrhage, embolism, and thrombosis are mainly due to disturbance of the cerebral circulation which they produce—in hemorrhage by the presence of the clot, in embolism and thrombosis by occluding the vessels of supply. It is not strange that very similar symptoms should be present when disturbances of circulation are produced by heart failure, or when vaso-motor nerves cause the vessels of supply to contract. A striking difference is apparent when we contrast the persistence of symptoms dependent upon organic disease with rapid disappearance of those produced by mere functional irregularities. Cases are met with where coma, convulsions, and hemiplegia, due to functional disturbance, for some hours so closely resemble the same conditions dependent on organic disease, that deception is almost beyond detection.

The paper was discussed by several speakers.

The paper of Dr. W. L. Schenck, of Osage City, Kansas, entitled "Occult Causes of Disease," was read by title and referred to the Publication Committee.

Thursday, May 8th.

Section on Practical Medicine.—Dr. Anstin Flint, Jr., of New York, read a paper on "The Treatment of Diabetes Mellitus." He referred to the fact that sugar was occasionally found in the urine of apparently healthy per-

sons. In his experience the proportion had been one in every 377 cases. He next called attention to the different methods of testing for sugar, stating that if a perfectly fresh solution of Fehling's test be employed there could be no error in the result. He also commended Squibb's test. The specific gravity bears no relation to the proportion of sugar. Sugar may be present in urine of a low specific gravity. He had seen it in urine of a sp. gr. of .010°.

The following papers were then read by title: "Phthisis, Its Successful Treatment," by J. P. Miller, M. D., of W. Virginia; "The Milk Treatment of Disease," by James Tyson, M. D., of Philadelphia; "Bright's Disease of Malarial Origin," by J. E. Atkinson, M. D., of Baltimore, Md.

Dr. Henry F. Formad, of Philadelphia, read a paper on "Tuberculosis." The points to which he intended to confine himself were, 1. The contagiousness of pulmonary phthisis and of tuberculosis in general. 2. A brief definition of Koch's position on this question. 3. The objections to Koch's conclusions and to his interpretation of his experiments. If it be firmly established that tuberculosis is not a contagious disease, then the theory of its parasitic origin cannot be sustained. He thought there was not the least proof that tuberculosis is ever conveyed by contagion. The apparent exceptions to this can almost always be explained. There is no analogy between the phenomena of tuberculosis and those of other contagious diseases. In pleurisy or peritonitis tuberculosis may develop if these affections become chronic. In such cases the bacillus is occasionally, if not frequently, absent. His objections are not to Koch's observations, for these he has gone over and confirmed, but it is to the interpretation of these experiments that he objects. The proof of the etiological relation between the bacillus and tuberculosis is not complete.

The bacillus is not universally present in all cases and in all products of tuberculosis, and if present often exist in such small quantities as to have but little significance. As a rule, they are not present in the beginning of the disease. To prove that the bacillus is the cause of tuberculosis, it should be present in every case and in all the products of tuberculosis.

The miliary nodes which are produced in the lungs in the inhalation experiments have generally been supposed to be tubercular, but he thought that they were more probably little foci of bronchial pneumonia. They can be brushed out with a camel's hair brush, and the tuberculous lung be converted into a normal lung. Of course, if the matter were left in contact with the tissue for a certain length of time they might be followed by tubercles, but he was referring to the rapid production of tubercles. It is not safe to reason from experiments on animals as to the effects which will be produced on man. Koch has himself fully recognized this point. The fungous which is poisonous to one animal may have no effect on another. The question is not whether or not the bacillus tuberculosis will produce tuberculosis. Tuberculosis can be produced without the presence of the bacillus.

From my experiments, I have come to the conclusion that neither the parasitic nature of tuberculosis nor its contagiousness has been proven, and further that the bacillus of Koch is a valuable diagnostic sign of tubercular disease. Nothing has been proven by the discovery of Koch as to the etiology of tubercle.

Dr. Formad's paper was discussed by Drs. Flint, Sr., Welch, Sternberg, Fitz, Tyson, Janeway, Dennison, Shakespeare, and others.

Dr. Newman exhibited an electric dumb-bell.

All the papers not read on the programme were presented by title and referred to the Publication Committee.

Dr. Lester, of Missouri, read a series of resolutions commending the President and Secretary of the Association for the interesting programme presented, and the unusual success that had attended the meetings through their efforts. Adopted. On motion the section adjourned.

The Alumni Association of the Jefferson Medical College will entertain the members of the Society at lunch at St. George's Hotel from one to two o'clock, May 15th and 16th. All are welcome.

The Surgical Institute.

We have received from Dr. J. G. Allen a card inviting the members of the Medical Society of the State of Pennsylvania to visit his private hospital, the Surgical Institute, northeast corner of Broad and Arch Streets, and examine the interesting and novel Massage and "movement-cure" apparatus which the Institution contains. The cards can be obtained at the desk in the registering room. No member should omit to avail himself of the opportunity offered to examine this interesting collection of apparatus for mechanical treatment, which we believe excels anything of the kind anywhere to be found either in this country or Europe, not even excepting the famous collection at the Royal Swedish movement-cure establishment at Stockholm. The Institution is especially equipped and designed for the treatment of a class of cases which require appliances that it is impossible for each individual practitioner to have and use, and methods which it is impossible for those engaged in a diversified practice to carry out. There are many cases, such as infantile paralysis, deformities from rheumatic arthritis, spinal curvatures, etc.

What and How to Visit During the Session of State Medical Society.

During the session of the State Society in Philadelphia, May 14th *et seq.*, those in attendance will desire to employ all their time judiciously, so as to be present during the reading of papers in which they may be interested, and also to see as many points of interest in this great medical metropolis as they can. We propose briefly here to name such points and to give such items regarding each as may enable the delegates to properly enjoy their inspection.

Perhaps we cannot do better than state that the sessions of the State Society will be held at the assembly room of the Union League, on Moravian Street, west of Broad. This is just north of Walnut Street, and in the rear of the magnificent League building, which fronts on Broad Street east. Four blocks on Tenth Street, north of Walnut, is found the Jefferson Medical College, and just back of it is its hospital, on Sansom Street. Both the College and Hospital are eminently worthy of an inspection.

The University of Pennsylvania, a beautiful building of Chester County granite, with its hospital and its medical, dental, and veterinary schools, is situated on Darby Road (Woodland Avenue), near Thirty-fifth Street. It is reached by the cars of the Walnut Street line or those of South Street.

The Woman's Medical College of Pennsylvania, regarded by many as a model of its kind, is located on North College Avenue and Twenty-first Street, just in the rear or north of Girard College. It also has a hospital, west of the school. It may be reached by any of the lines going north, with a transfer on Girard Avenue to Nineteenth Street, whence a short walk on Ridge Avenue to the north of Girard College, and then west on North College Avenue, takes the passenger to the group of buildings.

While in this locality it would be well to visit the immense array of buildings contained within the walls of Girard College, where a regiment and a half of boys are being trained in all the essentials of a college education by the magnificent provision of the noted Stephen Girard.

If our inquirer is interested in youthful education, he will find a point of value in the study of many forms of diseases. It should High School for Boys, on Broad Street and Green, which is six blocks north of Market Street, and readily reached by the Thirteenth Street cars north to Green.

Next comes the Normal School for Girls, or really the Girls' High School, northeast corner of Seventeenth and Spring Garden, which is but a few blocks to the west and south.

Excursion to Cape May Point.—The delegates are invited to Cape May Point, Saturday, May 17th. Train will leave West Jersey Railroad, foot of Market Street, in the morning at 9 A. M. The excursion is complimentary. All are invited. For further information inquire of Dr. William B. Atkinson.

THE

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STATE MEDICAL ASSOCIATION.

The thirty fifth annual session of the Medical Society of the State of Pennsylvania was called to order in the Annex of the Union League, at ten A. M., Wednesday, May 14th, 1884, the President in the chair. The meeting was opened with prayer by the Rev. John S. MacIntosh, D. D. Permanent Secretary reported that two hundred and fifty delegates had registered.

Address of Welcome.

BY JOHN B. ROBERTS, M. D., CHAIRMAN OF COMMITTEE OF ARRANGEMENTS.

To you, Mr. President; to you, ladies and gentlemen, members and delegates of the Medical Society of the State of Pennsylvania; to you, its invited guests, I, on behalf of the Philadelphia County Medical Society, extend a cordial greeting.

The Society last met in this city at the time we celebrated the one hundredth anniversary of the Declaration of Independence. I bid it welcome, then, an eight years' absent guest. During those eight years, growth in numbers, growth in influence, growth in scientific knowledge, have given the Society added fame. This is amply shown in the programme prepared for the present occasion, which is full and varied—too full, indeed, do not the speakers rigidly observe the rule that limits the time for papers. That this wholesome law may not be disregarded it looks upon us from the first page of the card of exercise, an underscored copy of which has long been sent to every author. Thus early opportunity for condensing press and pruning knife was given all.

The varied scientific dishes have been grouped to suit the tastes of the surgeon, the physician, and the specialist, to the end that no intellectual indigestion may follow undue intermingling.

That your visit may be profitable and undisturbed by clouds of discontent, that your next absence may be brief and your return joyous, is our most earnest wish. But, Mr. President, he is welcomed best whom words stay not upon the threshold. I bid you all "come in." Our hearts, our homes, are yours.

Governor Pattison's Address.

The Hon. Robert E. Pattison, Governor of the State, was introduced by the President, and spoke as follows:

MR. PRESIDENT AND MEMBERS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA:—I received the assignment of formally opening this annual session of your Society with a great deal of pleasure.

Your session will be held not only in Philadelphia, but it will be regarded throughout Pennsylvania as a city set on the hill.

The Commonwealth of Pennsylvania, among her many sources of distinction, derives exceptional honor from the character and the reputation of the members of her medical profession.

He then referred to the great names which have ranked in the ranks of the profession in Pennsylvania, and to their great achievements Pennsylvania has undoubted pre-eminence alike for the distinction of individual members and the collective reputation of the body, and for the impression they have made upon the medical history of the country.

It was in this State, and in this very city, that the first systematic course of study in medicine from which sprung the University of Pennsylvania was instituted on this continent. Something may be pardoned to a spirit of local pride in a State whose chief city can boast a bar and medical profession which gives her position and confessed superiority in the two most important departments of intellectual activity.

Any allusion at this time awakens the saddest feeling of deprivation in recalling the recent irreparable loss of that great man, to whom more than any other is owing our fame in medical science, and whom you all

regarded with so much pride and veneration; to whose masterly mind two continents paid honor, and who held the triple distinctions of Oxford, Cambridge, and Edinburgh. You convened to-day under the heavy shadow of his death.

The history of the science of medicine is to a good extent the history of the advance of the human race. The progress of medicine from the degradation of occult art to the dignity of a learned science is but the reflection of the advance of the human race.

This is the science of all others which appeals most directly to the strongest instincts of our nature, the love of life and the dread of pain. The possessors of medical skill were long regarded as gods, but in an enlightened age as benefactors of the human race. No profession so urgently and so pressingly demands that its practitioners shall be distinguished by great learning and devoted sincerity to their profession.

The speaker closed by referring to the responsibility which rested upon the State Society of keeping up the high standard of the State Society of Pennsylvania. The Governor's remarks were received with much applause.

The Permanent Secretary moved that the following be invited to seats on the platform, and made members by invitation: Dr. J. A. Brock, Cleveland, Ohio; Dr. J. Berry, Japan; Dr. H. A. Pardee, New York; Dr. C. B. Ellis, Illinois; W. Elmer, Sr., New Jersey; W. Elmer, Jr., Princeton, New Jersey. A member moved that the following be made members by invitation: H. C. Ghent, Belton, Tex.; J. M. DaCosta, W. S. W. Ruschenberger, Jos. Parrish, Clara Marshall, Frances E. White, Anna E. Broomall, Hannah T. Croasdale, Rachel L. Bodley, Emily B. DuBois, Ida E. Richardson, Emma V. Boone.

Dr. Stuart Erwin—It has never been the custom of this Society to admit to its floor any but regularly appointed delegates from other associations and members of county medical societies.

Dr. Bishop moved to postpone until the order of new business was reached to-morrow.

Dr. Stuart thought that the resolution should be considered now.

The President stated that it was in the power of the Society to do anything it pleased in the matter.

The motion was postponed, and the motion to admit the members named was adopted.

Report of the delegates to the American Medical Association was presented. After the reading, Dr Packard referred to the statement that the minority report of the Committee on the Journal of the American Medical Association was defeated by a large majority. The vote was one hundred and ninety-one against, and seventy-four in favor of, the motion. Dr. Packard requested that the report be amended to simply say that the minority report was defeated. (This was corrected.)

Dr. Packard also referred to the omission from the report of the delegates of any mention of amendment proposed at three meetings of the American Medical Association. This was, that every member of the State and County Medical Societies be made members of the American Medical Association by application to the Secretary of the American Medical Association, the application being accompanied with the certificate of the President and Secretary of the local society that he is in good standing.

He moved that this be inserted. Carried.

Dr. H. C. Ghent, President of Texas State Society, was made a member by invitation.

On motion of Dr. Roberts, the ex-Presidents were invited to seats on the platform.

The Committee on Publication made their report. It offered the following resolution:

Resolved, That, in the future, no paper read before the Pennsylvania State Society shall be printed in the Transactions, if they have previously been published elsewhere, unless such previous publication has been simply in abstract.

It was moved that the report be accepted and the resolution adopted.

Dr. O. H. Allis offered the following amendment:

Resolved, That no abstract of any paper read before this Society be permitted to be published without the approval of the Publication Committee.

Dr. J. V. Shoemaker thought that while the suggestion of the Committee on Publication was a wise one, it was unjust to decide that the papers read should remain one year before reaching the medical profession at large.

Dr. Roberts spoke in opposition to Dr. Allis' resolution, as well as the one suggested by the Committee on Publication. He thought that the papers should be published at once.

Dr. James Tyson, on behalf of the Committee on Publication, stated that the Committee had proposed this resolution as a sort of half-way measure. It is impossible to prevent abstracts from appearing.

Dr. Blackwood moved that the amendment be laid on the table.

Dr. O. H. Allis referred to the abuses which had occurred from allowing abstracts to appear. Often a long report of some insignificant paper would appear, while an important paper was passed over in a few lines.

Dr. Bishop thought that Dr. Allis was right, but that he did not think he had gone to work in the right way to overcome the difficulty. The members should be controlled. It is of no use to say that the abstracts shall not be printed.

Dr. Ulrich, of Chester, said that nothing could be accomplished by postponement. This abuse is quite common, not only in this Society, but also with the American Medical Association.

After debate on the resolution by several speakers, Dr. Stewart, of Erie, moved that the whole matter be

referred to a committee of five, to report to-morrow morning. The motion was carried. The committee was as follows: T. Green, J. L. Stewart, O. H. Allis, E. A. Wood, J. Pursell.

The delegates to the varions State societies made their reports.

Reports from the medical examiners of the following counties were received: Clearfield, Delaware, Fayette, Lancaster, York, Armstrong, Allegheny, Carbon, and Blair.

Seventeen applicants had been examined, out of whom two were rejected.

The Committee on Appeal of the American Anti-Vivisection Society, reported, through its chairman, S. Weir Mitchell: In the first place, he referred to the history of the movement and the results which had followed legislation in England, stating that seven certificates were disallowed and that the sixty which were permitted were so restricted as to be of no practical value. The execution of the law was in the hands of a layman.

The Committee recommended the adoption of the resolution which had been adopted at the last session of the American Medical Association with only one dissenting voice:—

Resolved, That in view of the attempts which have been or are to be made to obstruct by restrictive legislation the progress of experimental medicine, this Society desires to express its earnest conviction that experimentation on animals is a most useful source of knowledge in medical sciences; that it is the means by which many important discoveries, both practical and scientific, have been accomplished; that its direction and supervision can be properly intrusted only to members of the medical profession, and that its restriction or prohibition by law would inevitably retard the acquisition of knowledge in respect to healthy and morbid actions, the cause and prevention of disease, and the improvement of the medical art.

On motion, the report was accepted, the resolution adopted, and the Committee continued.

Committee on State Board of Health made a report, which was accepted and referred to Committee on Publication.

Dr. Henry Leffman offered the following amendment to Art. V. of the By-Laws, on behalf of the Philadelphia County Medical Society: Add as section 8, "No paper shall be read before this Society, unless the same has been previously read, either in full or in abstract, before a county society and by it referred to this Society."

Dr. Lee said that there were many serious objections to this resolution.

Dr. Varian saw no reason for the adoption of this resolution, but many for not passing it. He moved that the matter be indefinitely postponed. Motion adopted.

The reports of the Committees on Insanity and Lunacy, Medicine, and Nervous Diseases were made and accepted.

Dr. E. A. Wood, of Allegheny, offered the following:

Resolved, That a committee of seven be appointed to prepare and report at this session a plan for organizing a society for securing a State board of health.

Dr. H. C. Wood objected that it was not the place of this Society to prepare a plan for organizing another society.

The resolution of E. A. Wood was adopted.

The President appointed the following on this Committee: Drs. E. A. Wood, A. M. Pollock, Benj. Lee, H. C. Wood, H. Corson, W. Varian, H. L. Orth.

Dr. J. V. Shoemaker, of Philadelphia, offered the following:

WHEREAS, The efforts of physicians to treat and overcome disease is in large measure dependent on the use of properly prepared drugs and remedies.

WHEREAS, Pharmacy is an aid to medicine in preparing, compounding, and dispensing the proper remedial agents and is at present not controlled by any law or efficiency required in the art of those practising the same by any law of the State of Pennsylvania; be it

Resolved, That the Medical Society of the State of Pennsylvania, assembled at their annual session, indorse the passage of the act to regulate the practice of pharmacy and sale of poisons, and to prevent the adulteration in drugs and medical preparations in the State of Pennsylvania, as proposed and framed by the Pennsylvania Pharmaceutical Association, and recommend its passage by the Legislature of the State at its next session. Adopted.

Dr. Gertran, of Susquehanna, offered the following:

Resolved, That the President appoint a committee to prepare a resolution expressing the sentiments of this Society in regard to the legislation demanded concerning the use of intoxicating liquors as a beverage, and report at this meeting at as early an hour as possible.

Dr. H. C. Wood—I rise not in opposition to this resolution, but I think that the Society should be careful in committing itself to any plan of legislation in regard to this matter. This is the great problem of the age. This problem has been before the world for a number of years, and no committee can settle it in a day. I would move to amend by having the Committee report in one year.

(This amendment was afterward withdrawn.)

The motion to adopt the resolution was lost.

AFTERNOON SESSION.

The Society was called to order at 2 P. M.

A resolution was adopted thanking his Excellency the Governor, for his interesting address, and requesting a copy of his remarks for publication.

Dr. E. A. Wood, Allegheny, read a paper on a Pennsylvania State Board of Health, in which he ad-

vocated the establishment of such a body as of the greatest importance, not only for improving the health, but also as diminishing crime, as a person in mental and physical health will not commit crime from habit. He thought that if all nationalities would unite they would either stamp out disease germs or so modify their effects that the disease should be milder.

Referred to Committee on Publication.

"The Present Outcome of Sanitary Agitation in Large Cities of the United States."

This was the title of the address on Hygiene and State Medicine, by Dr. Benjamin Lee. The speaker remarked that—

Experience has demonstrated, in our own case at least, that under a republican form of government pure science is not held in high esteem by the governing bodies. They are unwilling to look beyond practical advantages, and those mainly as embodied in dollars and cents or their equivalents. They are quite willing to use the telegraph and the telephone. They would have turned away with an impatient shrug of the shoulders from a Franklin amusing himself with his kite, or a Galvani with his jumping frogs' legs; and as for voting the public money for carrying on such child's play, not they! Such being the case, what remedy shall enlightened citizens who wish well to their country employ to check the evil and prevent a great Republic from falling behind all other civilized countries in the arts of life? To how great an extent we had fallen behind in many of them, the Centennial Exhibition was a wonderful witness and revealer. Now, as the brave and sententious Captain Cuttle was wont to remark, "The bearin' o' these obserwations is in the application of 'em." In no department of governmental supervision do the United States of America make so poor a showing, as compared with the "effete monarchies of Europe," as in that of the care of the public health. With limited areas and in small communities much may be accomplished by private effort, and this fact hygienists have not been slow to appreciate.

A go-between was needed to interpret their teachings to the masses and impress upon them their importance. This agency has developed itself in voluntary sanitary associations. Modeled upon one started in the ancient and filthy city of Edinburgh, the first in this country was started in Newport, Rhode Island. This was followed in rapid succession by others in other cities and villages, until now there are not less than a hundred and seventy in active and beneficent operation throughout the country. Such associations are mutual insurance companies for the preservation of private and public health. They are not intended as a substitute for municipal inspection, and will not conflict with the public health authorities, where such exist, but will supplement their action.

With a view to filling the hiatus which I have indicated as existing in our large cities between the appreciation of the evil and the application of the remedy, stock companies have been formed. These companies engage, with more or less modification of course, determined by the special character of each, to make inspections, both special and periodical, of dwellings and buildings confided to their care, as far as their sanitary condition is concerned; to indicate defects, if any exist, and to remedy those defects by introducing sanitary appliances of the best material, most approved pattern, and most scientific construction, under the supervision of thoroughly qualified experts; to furnish plans and specifications for the sanitary system of new buildings and of grounds, and to take complete charge from the outset of the introduction of such systems.

I do not say that the evil of which I have been speaking is an unmixed one. Possibly, the work of inspection is more carefully done under the auspices of private companies than it would be by government inspectors. Possibly, the stimulus of competition may lead private corporations to use better materials and execute more satisfactory and plan more scientific work than would be insisted on by routine officials; but the fact remains that it is a public duty of the private citizens, in consequence of the failure of our legislative bodies, State and municipal, to arise to an intelligent appreciation of their responsibilities as conservators of the common weal.

Referred to Committee of Publication.

Proper Medical Education.

By Henry Leffman.

"The present system of medical education is not the result of efforts to meet the needs of the community, but is largely an irregular developement. The reforms which medical colleges have adopted have been mostly unwilling concessions to public sentiment. The sevenfold divisions of branches has nothing to recommend it but antiquity; it is not a convenient nor a scientific division of the subject. Under the arrangement some of the departments of the college course are overcrowded, others have not sufficient matter to occupy the time assigned. Departments, like hygiene, mental and nervous diseases, and medical jurisprudence, have developed so of late years that they might properly be taught by separate chairs, and not made merely subsidiary to other chairs, or limited to spring or fall lectureships. The extension and success of post-graduate schools indicate the direction in which the improvement of the curriculum should be made.

"Higher specialization is the necessity of the time. The success which has been attained by dentistry shows that other departments, such as otology, laryngology, etc., might with advantage be pursued independently. There would be no reasonable objection to establishing

the degrees of Doctor of Otology, Ophthalmology, and so on, commensurate with the degree of Doctor of Dental Surgery.

"A preliminary training for the student before entering on the study of medicine is so obviously necessary that it need not be argued.

"The final work of medical reform will be accomplished when the college is made merely the instructor, the license to practice being given by an official board of examiners after a written public examination."

Referred to Publication Committee.

Hygiene in the Public Schools.

By Dr. T. H. Fenton.

Two hundred and twelve thousand children attended the public schools of Philadelphia in 1880. The value of the school plant was $6,179,750. The location of many buildings was faulty as to light and air. Ventilation especially is defective, no provision being made for the exit of foul air beyond the opening of the windows. Special care has been taken to ascertain the truth of this point by accurate and careful tests, which were described at length by the lecturer. The means for remedying this were referred to and plans given for securing a free supply of air at proper temperature without drafts.

The next defect noted was that of drainage, and the poor arrangements, especially of water-closets, was considered.

Next came the important point of desks and seats, and the bad effect of careless arrangement of these upon the spine, the chest, and the eyes was dwelt on at length. The prevalence of myopia was stated, and the difficulty of managing it without proper arrangements for holding books, etc., before the eyes of the children at proper distances was defined. The plan of allowing the light to fall directly upon the faces of the pupils was condemned, and the lack of proper illumination of blackboards was referred to. The color of walls, ceilings, and the paper of books was stated to be very important.

Many important suggestions as to the better care of the children attending our schools were made. The paper was very interesting.

Referred to Publication Committee.

The Nominating Committee was now appointed.

The Relation of Heart Disease to Insanity.

By Dr. Alice Bennett.

This subject has received but slight attention at the hands of alienists and others, and its literature is extremely meagre.

We read much of changes in the kidneys, liver, lungs, and other viscera, but comparatively little of alterations in the brain as a result of cardiac disease.

The physiological action of the brain and nerve cells being utterly unknown to us, the manner in which such action may be modified can be but a matter of conjecture; but it is not unreasonable to suppose that irregularities of the circulation, such as are common in organic heart disease, may have an influence in modifying the action of an organ so peculiarly open to impressions as the brain, and whose anatomical connections with the heart are direct and intimate.

Fothergill believes heart affections to be rather rare among the insane, while admitting that physical disturbances are often seen. He also cites some cases of positive mania in the advanced stages of heart disease.

Flint says that while it is conceivable that congestion, extravasation, etc., may follow heart disease, clinical facts show that serious cerebral disturbances are rarely seen.

Griesinger concludes that the influence of cardiac disease was very much overestimated by the older writers.

Dr. Savage, of Bethlehem Hospital, in a short paper (also alluded to by Bucknill and Tuke), concludes that the prevailing form of insanity associated with heart disease is "melancholia." Bucknill and Tuke cite some cases of temporary insanity in rheumatism with cardiac complications, and refer briefly to an exhaustive paper by Dr. Burman (in West Riding Reports, 1873). But it is to the coincidence of heart disease, with a certain form of chronic mania, to which this paper is specially designed to call attention. (Here follow abstracts of the histories of sixteen cases possessing similar features.)

They begin generally in middle life. The invasion is gradual generally, ascribed to no cause or to one obviously inadequate. The first symptoms are invariably hallucinations of one or more senses, generally of hearing, and subsequent delusions of persecutions.

Some of our most dangerous lunatics may be developed from this class when the voices take the form of "revelations" or "inspirations." Yet many of them are merely troublesome and noisy; they are often removed from home for the simple reason that they are obnoxious and abusive to their neighbors.

Interesting tabular statements were given of the various cardiac lesions found in insane persons, and the percentages of each kind were indicated at length. The subject was shown to be worthy of greater study than has yet been given to it.

Referred to Committee on Publication.

During the reading of the above paper the Association of Superintendents of Asylums for the Insane arrived at this moment and were received standing.

Dr. E. A. Wood, of Allegheny, said that this paper worked an era in the progress of this Society. This is the first time that a paper has been read by a woman before this Society. Her voice was weak, but if I mistake not there is something in the atmosphere which

will raise these into clarion notes. I wish that the trumpet tones may swell upon the tympanums and consciences of some of our sister County Societies, that they may admit women to their rights. We have long talked of the coming man, but woman has come, and she has come to stay.

Paper was referred to Publication Committee.

Protective Rights of the Insane in Pennsylvania.

By Dr. R. H. Chase.

The lecturer opened his paper by a review of the condition of the insane up to the close of the last century. Reference was made to the labors of Dr. William Tuke, of England, in ameliorating the terrible state of affairs in 1792. The work, also, of Pinel in France was noted, and the gradual march of improvement in lunacy laws in this country narrated. The Pennsylvania Hospital for the Insane, established in 1751, was the first of its kind in America, and the Quakers started another in Frankford in 1817. Outside these the insane were either treated at home or in almshouses and prisons. The insane poor first received distinct care in the State Hospital at Harrisburg in 1845. Next came Dixmont, 1853; Danville, 1871, and Norristown and Warren in 1880. The power now held by the Commissioners in Lunacy is very great, and fully equal to any demand likely to arise concerning the care of the insane and their legal protection. The State is now abreast with the world in this respect. The provisions of the English lunacy laws were then taken up and discussed, showing their excellence, and comparison made with the statutes in our own State, which proved the great care thrown around the insane for their protection. The laws governing the operations of asylums, the rights of the insane confined therein, and the restrictions tending to control and prevent abuses were explained at length and shown to be exceedingly complete.

The removal of all insane persons from almshouses and prisons is now decreed by law, and before long separate provision will, it is hoped and believed, be made for the chronic and criminal insane in order to relieve the community at large of the danger arising from this already numerous and daily increasing class.

Referred to Committee on Publication.

Dr. Roberts presented a preamble and resolution in which, after referring to the unsatisfactory manner in which medical education was conducted, he moved the adoption of a resolution providing for the appointment of a committee by the Nominating Committee, to consist of seven persons, not more than three being from Philadelphia, to be called the Committee on Medical Colleges. The duty of this Committee being to obtain a charter before the next annual meeting for a medical college, the requirements being a preliminary examination, a three years' graded course, and examinations by a board appointed by this Society.

The provision was added that if the colleges now in existence should adopt the point referred to the Committee should take no action.

Dr. Benjamin said: Students very often do not have preceptors except in a nominal sense. If the profession does not do its part the public will not do so. It is in the interest of the profession to elevate the standard of medicine. It was decided to take up the resolution and preamble separately.

On motion, the name of the committee was changed to the Committee on Medical Education.

The point of order was raised that this was in opposition to the By-Laws.

Dr. Roberts thought it was in order, but he was willing to have it lay over.

Dr. Nebinger felt clear in the conviction to prevent the appointment of a committee. There is a great difference between the appointment of a committee for certain special purpose and one appointed for a continued purpose.

A member—If I understand the resolution it was to have a nominating committee to appoint the committee.

Dr. Mowry, of Pittsburgh—That would seem to decide. It is creating additional offices and is an amendment to the Constitution or By-Laws. It ought to lie over and see what it means. If it means to increase the number of colleges I am opposed to it. We should try to induce our two colleges to do what is proper, and allow outside examiners to the examinations.

Dr. Dale, of Carlisle—A motion is made to appoint a committee. The Society has a right to say how the committee shall be appointed. This is an important resolution and I am in favor of its postponement for one year.

Dr. Bishop—I would like to know whether the motion to lay on the table applies simply to the resolution, or also to the preamble and proviso. I think that preamble arraigns the teachers of the State of Pennsylvania. I think that it is a disgraceful thing that these men have to sit still. I am not in favor of the resolution. This Society has no money to establish a college.

The order of business was now called for and a motion to lay the whole matter on the table was adopted.

Adjourned.

The venerable Dr. J. M. Gemmill, an ex-President of the Society, presented himself as a visitor.

The address of Dr. E. A. Wood, of Allegheny, on a Pennsylvania State Board of Health, was an admirable and powerful plea in behalf of that most important desideratum.

The utmost courtesy has been shown to the members and delegates; invitations being extended from the Union League, the Academy of Natural Sciences, and the University Club to the delegates to visit and enjoy their hospitality.

The American Medical Association.

Dr. John V. Shoemaker's address on "Practical Medicine," delivered before the Association, Wednesday, May 7th, 1884:

The Chairman of the Section of Practice, after a few preliminary remarks in regard to the difficulty of his subject, in consequence of the new theories constantly advanced, said that in "the field of pathology and pathological research, the study of the infinitesimal has attracted great attention, and of the subjects prominently brought to the attention of the profession and exciting universal interest, more than any other, is that of the bacillus theory of tuberculosis and its contagious character. While the presence of micro-organisms in other diseases is being investigated and studied extensively, there is none which has as great a bearing and caused so much comment as this one. Only a few years ago Koch stood almost alone in its advocacy. Now there are numbers of unbiased observers who confirm his famous discovery. Foremost among these is Watson Cheyne, who visited Koch's laboratory for the express purpose of investigating the subject. His report fully confirms the facts set forth by the great investigator, besides demonstrating the constancy of the occurrence of bacillus in all tubercular structures, as well as the relative position of the parasitic organism to cell-structure. Similar confirmatory evidence has been produced by Pruden, Dreschfeld, West, Gibbs, Heron, Wipham, Meissen, and others, from a clinical view of the constant presence of the bacillus in the sputa of phthisis; while Charnley Smith has even ingeniously demonstrated its presence in the expiratory air of consumptives by filtering it through gun-cotton, dissolving it in ether, and then fixing it on microscopical slides for inspection.

"Dr. Austin Flint, Sr., accepts the new theory as well as the etiological character of this micro-organism when added to predisposition, leaving the subject of contagion dependent upon the causative element combined with the favorable soil for its propagation, ascribing the usual absence of contagion to a lack of predisposition, and considers the presence of the bacillus as one of the most essential elements for the diagnosis of phthisis. Drs. Janeway, Welch, and Peabody, well-known authorities on this subject, concur with Dr. Flint in his views; likewise Dr. H. C. Ernst in his contribution presented to the Massachusetts Medical Society, besides numerous other investigators, both here and abroad.

"The presence of the bacillus has been observed in other tubercular lesions than the lungs—as the mouth and soft palate, by Guttmann and Finger; in the skin by Cornil; in lupus by Demme; in the uterus by Lindsey Stephens; in the urinary tract by Rosenstein, Babes, and Cornil, as well as in rectal abscesses by Smith. Dr. Wilson Fox admits the fallacy of his former experiments, and accepts the theory of the contagious character and inoculability of the virus, and that injury to the rodents is not followed by tuberculosis, as previously expressed by him.

"Now, while the adherents to Koch's theory have increased wonderfully, there are those not wanting who are open in their criticism, and opposed to the acceptance of anything like a bacterian origin of tuberculosis or other diseases. Their opposition is not based merely upon assertions or clinical evidence, but the result of years of observation and experiments conducted here, as well as at the very birthplace of the baccillus theory. Amongst those most prominently arrayed against it are Spina, of Vienna, Finkler, and Eichler, who pronounce the staining methods of Koch as fallacious and misleading, while Feltz admits his failure with cultivation by following Koch's method.

"Formad, in this country, has made a most vigorous attack upon it, and has referred the etiology of tuberculosis to histological changes rather than to parasitic invasion, in which deduction he is supported by many eminent pathologists, such as Longstreth and others. In his denial of the contagiousness of tubercolisis he is in accord with the opinions of Virchow, Recklinghausen, Stricker, Gull, Williams, Watson, Paget, Humphrey, Richardson, Bennet, Hiram Corson, Trail Green, N. S. Davis, H. F. Campbell, and others."

The speaker then proceeded to say that the bacillus tuberculosis theory, however, was not the only one that has excited attention. The bacterial origin of other diseases has been earnestly advocated as well. Thus, a micro-organism has been found and studied by Friedländer as a micrococcus of pneumonia; and he thought it might serve to explain the occasional epidemic form of that complaint in certain localities. He also mentioned numerous other diseases in which these micro-organisms have been discovered by distinguished scientists and gave prominence to their theories, according to Koch special honor for his skill in this field of research.

Referring to the subject of medicine, the Doctor said the knowledge of nervous affections, though it has not progressed with the giant strides of other branches of disease, is steadily advancing and emerging from its mysterious enfoldings. The localization of cerebral functions, though now generally accepted, has advanced us practically but little, though the trephine has daringly opened to the neurologist the hidden regions of dura mater and gray matter. Locomotor ataxy has presented in its chronic state three diagnostic points for distinction: that of Duchenne; another depending on diffuse sclerosis of the cord and medulla oblongata; and a third is made of the ataxy of the periphery.

In dwelling upon typhoid fever he inferred that the treatment by cold baths, of all antipyretics, is now thought to be the most serviceable, if we can trust to the statistics of recent investigators, as well as the thorough researches of Sassetzky in the analyses of the

excreta. Alluding to renal diseases, he asserted that albuminuria has long been the object of scientific inquiry, being considered more and more of nerve origin. Its close relation to diabetes, with mutual interchange in certain affections, has brought forward the proposition that both albuminuria and glycosuria may be produced by irritation of certain parts of the floor of the fourth ventricle. The hypertrophy of the muscular coat of the arterioles, and the increased tension of the vascular system, are also claimed to be due to irritation of the vaso-motor centres of the medulla. The latter, especially, has proved valuable in modifying the treatment of albuminuria. That the toxic influence of certain substances, as well as severe febrile affections, is productive of albuminuria is well known, and a recent instance has been cited where it occurred after varicella. Peptonuria has been investigated and found to coexist with suppuration from various causes, or with large exudations. Speaking of the disease known as actinomycosis and as being peculiar to horses and cattle, he stated that it had been exhibited by Treves in a man, whom he brought before the London Pathological Society. All stages of the disease, from minute solid growth to large suppurating and sloughing masses, were present.

The Doctor thought it necessary in consequence of the grave accusation cast against American pork by some of the European authorities that he should say a few words upon the subject. He said that trichinosis is with us a very rare disease indeed, in comparison to its frequent occurrence in Continental Europe. In spite of the prohibitive edict against our pork in Germany, quite an endemic of trichinosis has prevailed there of late. As there have been isolated cases reported with us, he would refrain from any attempt at defense, but would simply remark that the mortality from trichinosis in this country, in comparison with Germany, would lead us most certainly to discriminate in favor of our product to that of the foreign—even if we do not attribute our comparative immunity to the more civilized manner in which we partake of it than the semi-barbarous fashion of eating it uncooked. French physicians, in the Academy of Medicine, of Paris, have already given their opinion that American pork is not as dangerous as the trichiniphobist would have us believe, and recommend that the prohibition to its importation be removed.

After discoursing of other interesting matters, particularly on the subject of cholera and yellow fever, Dr. Shoemaker turned his attention to the subject of therapeutics and remarked that while in past years they were ignored to a great extent by many physicians and scientists, they have undoubtedly now assumed new features entitling them to a prominent position. Entering into details, he gave a list of some of the permanent remedies which have found approval during the past year, such as kairin among the antipyretics; paraldehide, a substance isomeric with aldehyde; the *Abrus precatorius;* the jequirity bean of Brazil; the salts of nickel, and especially its bromide, the bismuth salicylate; nitroglycerine, and the chloride of gold and sodium, etc., in connection with them mentioning the diseases to which they were applicable. Treating of antiseptic inhalations he claimed that the vast research in the field for micro-organisms as causative elements of disease and the discoveries made therein, have given a new impetus to antiseptic treatment in every branch and affection. Antiseptic inhalations for pulmonary disease have proved of value whether the germ theory be sustained or not.

In concluding his address, he directed the attention of those entering the profession to the necessity of thoroughly mastering the details of all its different branches; above all, that of general medicine before entering into any specialty; and spoke of the desire on the part of a few to form exclusive organizations, which he argued were highly detrimental, and denounced them severely, saying that medicine "to be beneficial to humanity, must be open to one and all, and if its practitioners are to be excluded from medical societies and their meetings—not from a lack of knowledge and good standing—such societies have outlived their usefulness. Special studies may be made by physicians in certain directions, but the advantages of their research and study must be verified by their practical demonstration through the general practitioner. Without a thorough knowledge, specialism avails little. This powerful organization should represent every branch and specialty of medicine and its knowledge should be open to all its members. We are all entitled to the benefits derived from associated investigations. Outside organizations on special subjects will detract from the interest and advantages of our meetings, and the younger members, neglecting the general subject of medicine, dazzled by the apparent brilliancy of a select few, will wander forth to ultimately destroy their own usefulness. The American Medical Association is the representative body of the medical profession of this country, and has been organized and conducted by gentlemen who have grown gray in its service, and whose brows are adorned with chaplets most worthily won, not only at home but abroad. It is for them, and for you, my fellow-members, to control the means of disseminating our science, and not for a few, who, at best, only form but a spoke in the wheel of the triumphant chariot of our science. Our young men should learn from you that knowledge must come to them by the co-operation of their professional brethren from all parts of our country rather than from a few, who, in their exclusiveness, set themselves above the active members of the greatest and most humanitarian of all professions."

D. W. Marshall, of Milford, Delaware, an ex-President of the Medical Society of that State, was present.

Pennsylvania Hospital.

A great many of the visiting members availed themselves of the invitation of the managers and the medical staff of the Pennsylvania Hospital, and evidently derived much enjoyment and benefit from their visit to one of the oldest and best-equipped hospitals of this country.

Dr. Henry H. Smith's Reception.

The Academy of Fine Arts of this city has probably never before been crowded with such a scientific assemblage as were present yesterday at the brilliant reception given by Dr. Henry H. Smith to the members and ladies of the Medical Society of the State of Pennsylvania.

Pennsylvania Delegates to Foreign Societies.

Drs. John V. Shoemaker, T. J. Gallagher, and William H. Daly were appointed by the American Medical Association as delegates to the coming meetings of the British Medical Association at Belfast and the International Medical Congress at Copenhagen. They will shortly start for abroad.

The Friends' Asylum in Frankford.

Dr. John C. Hall, the Physician-in-chief to that Institution, extends an invitation to the members of the Medical Association of the State of Pennsylvania to inspect the Asylum and examine the ample and satisfactory measures employed there for the treatment of psychical disease.

The Philadelphia Hospital for Skin Diseases.

This institution, which is now in a flourishing condition, is located at 923 Locust Street. It is the first of the kind started in this country, and is doing good work. Its steam, medicated, electrical, and shower baths are not excelled anywhere, and the managers extend a most cordial invitation to all the delegates and their friends to visit the Hospital and inspect its great facilities.

Cremation.

At last public sentiment seems to turn in favor of this most rational, and, in a sanitary view, so essential a form of sepulture. There is certainly nothing so terrible about it to offend the finer sensibilities of anybody. The slow process of decomposition, the invasion of the body by myriads of the most repulsive looking animals of the lower type, accompanied by foul stenches of very offensive matter to the senses, as well as dangerous and disease-breeding to those near it, cannot be claimed as pleasant in connection with the memory of a beloved and departed friend. Cremation, while producing rapid metamorphosis and avoiding danger to the survivors, can be surrounded with all the forms which we are accustomed to connect with the last rites to the dead.

The New Pharmacy Bill.

A very important feature of the present session of the Medical Society of the State of Pennsylvania will be a bill to regulate the practice of pharmacy in this State, as framed by the State Pharmaceutical Association. It is presented for indorsement by the medical profession, and deserves the greatest attention. Good pharmacists are of the utmost importance to the physician, and this Act is certainly intended to effect this. While younger and less important States have already similar laws, the great Keystone State, the cradle of medicine of this country, is without an enactment of like character.

Philadelphia has for some years enjoyed such a law, and though it was but feebly executed by the officers intrusted with its enforcement heretofore, it has proved a boon to this city, making the record of druggists' fatal mistakes of rare occurrence. Recently Philadelphia's new and active Mayor has appointed a new Board of Pharmaceutical Examiners, at the head of which is one of our best-known chemists, Dr. L. Wolff, and we sincerely wish that the benefits of this law should be enjoyed by the citizens of Pennsylvania generally, so that such blunders, as recently reported from Pittsburgh, twice within one week, would be things of the past.

Philadelphia County Medical Society.

The banquet given at the Academy of Fine Arts by that body was one of the successes of this session, which was owing largely to the well directed personal efforts of the genial and efficient chairman of the Committee on Arrangements, Dr. L. K. Baldwin.

Many ladies present themselves, and evince great interest in the papers read.

The subject of health boards and hygiene in general formed the chief topic of the afternoon session of Wednesday.

During the reading of the address on Mental Disorders by Dr. Alice Bennett, a pleasing incident was the entrance of the Association of Superintendents of Insane Asylums.

It is evident that the session is attracting unusual numbers of citizens outside of the profession. Nor is this unexpected, for the publication of the programme has been so widespread that the people have been literally feeding upon the Society and what it promised for this week.

Medical News.

As the Association of Superintendents of Insane Asylums is now in session at the Continental Hotel, the gentlemen who are well known in the study of insanity are seen occasionally occupying seats as invited guests. Dr. R. Chase, of Norristown Asylum, and Dr. Alice Bennett, in charge of the female department of the same, are present.

Dr. J. Berry, of Japan; H. A. Pardoe, of New York; C. B. Ellis, Quincy, Ill.; W. Elmer and son, of New Jersey, and A. J. Brockett, of Ohio, are present.

Dr. W. B. Ulrich, of Chester; B. Leonard, of Mauch Chunk, are present.

Much regret is felt at the absence of ex-President John L. Atlee, who is detained by severe illness. It is earnestly hoped that he will speedily recover his usual health.

The venerable Dr. S. M. Ross, of Altoona, early presented himself for registration, and during the session evinced a marked interest in the work done.

Dr. D. Hayes Agnew, of Philadelphia, and Dr. Ezra P. Allen, of Athens, occupied seats in the centre of the Society.

Dr. Rutledge, of Blairsville, made an interesting report of the action of the American Medical Association at its sessions in Cleveland and Washington.

Dr. Alice Bennett was the first female delegate to make her voice heard, and made a brief verbal report of her visit to the Massachusetts State Medical Society.

Dr. H. C. Ghent, of Belton, Texas, President of the State Medical Society, was present and was cordially received by the President, Dr. Henry H. Smith.

Dr. S. Weir Mitchell received the most marked attention during the reading of his report on Anti-Vivisection.

It has been a question, who was the lady at the session of the American Medical Association, who voted "No" on the resolutions there presented. It was a mark of the good feeling of the Association when the negative vote was received with cheers.

After the report of Dr. Mitchell, the vote was unanimous in favor of urging his views upon the Legislature.

The vexed question of the suppression of the sale, etc., of intoxicating drinks was brought up, and occasioned the usual discussion.

Dr. Dowling Benjamin, President of the Camden County Medical Society, was present, and invited to a seat on the platform.

The visiting and resident Alumni of Jefferson Medical College will be entertained by the Executive Committee on Thursday, May 15th, at one o'clock P. M., at 1316 Walnut Street, by the University Club.

Exhibition Notes.

William R. Warner & Co. invite the members attending the Convention to call and examine their parvules, dosimetric granules, and ingluvin.

Parke, Davis & Co., of Detroit, are exhibiting their fine pharmaceutical products at Horticultural Hall.

F. A. Davis, Att'y, medical publishers. Copies of THE BULLETIN of the first day's issue can be obtained by calling either at the Exhibition Hall or at their establishment, 1217 Filbert Street.

L. Wolff & Co. will be glad to welcome physicians at their establishment or at the Exhibition Hall.

William Snowden, manufacturer of surgical instruments, will be at his place of business, 7 South Eleventh Street, every day, to show his mechanical apparatus, etc., to those calling.

As everybody will desire to see the new Post Office, even though the mails for delegates will be delivered at the place of meeting, they will find this magnificent building on Ninth Street, extending from Chestnut to Market. In its rear on Tenth Street is the Mercantile Library, where the daily and other papers of the country may be consulted at any time.

The United States Mint is located on the north side of Chestnut Street, just below Broad Street. Here may be seen the process of manufacturing the precious metals into money, as also a large collection of medals and coins interesting by reason of age and scarcity, and full sets of the coinage of the civilized world.

Two buildings well worthy of a visit are the *Public Ledger* building, at the southwest corner of Sixth and Chestnut Streets, and that of the *Public Record*, on the north side of Chestnut Street next to the new Post Office. At either of these, or at the *Inquirer* building, at 304 Chestnut Street; the *Evening Call* office, at 26 South Seventh Street; the *Times*, at southwest corner of Eighth and Chestnut; the *Evening Bulletin*, Sixth and Chestnut, and the *Evening Telegraph*, Third below Chestnut Street—may be seen the work necessary for the getting out of a great daily newspaper.

The Navy Yard is at the extreme southern point of Broad Street and is only accessible by private conveyance.

THE

MEDICAL BULLETIN:

PHILADELPHIA, PA.,

EDITED BY JOHN V. SHOEMAKER, A.M., M D.

PUBLISHED BY F. A. DAVIS. ATT'Y, PHILADA, PA.

DAILY ISSUE, FRIDAY, MAY 16, 1884.

STATE MEDICAL ASSOCIATION.

THURSDAY, SECOND DAY.—MORNING SESSION.

The meeting was called to order at ten o'clock.

The Committee on Nominations was announced, and, by motion, given the privilege of at once meeting in the Registration Room.

Drs. Marshall, of Delaware, and Harriet Bristow, Minnesota, were made members by invitation.

The Treasurer, Benj. Lee, made the following report:

Balance on hand, May, '83,	$2,363 84
Received from all sources during the year,	2,461 09
Expenditures,	2,373 08
Balance on hand,	$2,451.85

The report was accepted and referred to Auditors.

Drs. Ulrich and Lennon were appointed as Auditors.

The Address in Medicine.

BY DR. W. H. DALY, ALLEGHENY.

The custom of my predecessors and the expectation of the learned members make it an almost imperative duty to furnish a retrospect of the advances in medical science during the past year, and any deviation from this plan is liable to meet with disapprobation.

The experiments of Koch and Pasteur were referred to, and the questions asked, Whether the patient endeavors of the investigators into the pathology of germs have not in a measure disappointed us in their results? Are we enabled to more clearly diagnosticate a case of tuberculosis or to better treat the case by the light of the conclusions so far reached with the reference to the bacillus tuberculosis? And if we are aided by this knowledge, in what respect, I ask, has it modified our therapeutics or altered our appalling statistics?

The germ doctrine, which a short time ago had so many able followers, has led to greater cleanliness in surgery, which was the great want of the hour. After this doctrine was promulgated it was not long before a Listerean surgeon could be detected by the odor of carbolic acid which emanated from him. The result of Listerism has led to the adoption of greater cleanliness in surgery, but what has become of the legions of germs which called forth tons of carbolic acid and other germicides?

Without discrediting the value of these scientific experiments and investigations in the pathological laboratory, the results of which now and then strike the profession with almost dazzling brilliancy and which never fail to carry the lay mind by storm, still it is certain that without the aid of government support few are capable of carrying on these investigations.

The practical medical man has everywhere that great laboratory out of which a Trousseau, a Flint, a DaCosta, and many other worthy masters have brought, for the benefit of medical science, clinical facts from careful observation which have stood the test of change and time. All doctrines and theories must be brought to the crucial test at the bedside. Every man is competent to do this work by careful clinical observations carefully reported. This work does not require governmental favor or peculiar training. The country practitioner is well able to carry out these clinical observations. We are, however, too prone to wait for the great lights to guide us.

The discovery of vaccination was really nothing but the outcome of careful clinical observation. The Doctor then went into the history of Jenner's discovery.

It has been stated that Pasteur's work has saved to France an amount greater than the national debt of the United States in the improvement of the health of animals, and in the silk and grape culture.

This was however not to be compared with the benefits conferred by the discovery of Jenner.

The Doctor did not wish to be understood as opposing scientific education and laboratory work. He would concede that this education would better fit the student for accurate clinical observation. Many of the

disciples of Koch have gone far beyond anything which that investigator has narrated. While I have faith that at least one of the results of these investigations will be to prove the contagiousness of tuberculosis, and while I hope that a more successful plan of treatment will follow from these experiments, yet I think the vast army of the medical profession should continue their work of clinical observation.

He then referred to the serious danger which had threatened the profession from discord in the ranks. This seemed to have passed away, and indeed to have been of benefit.

In referring to homœopathy and other irregular practices, the Doctor thought that the regular profession, while it did not attempt to embrace them, should at the same time not oppose them. The youngest member present would live long enough to see homœopathy forgotten just as much as the dogmas of its originators have been forgotten by the homœopathist of this day.

In speaking of specialities in medicine, he referred to a remark made by a former president of the American Medical Association in his annual address, in which he called attention to the danger which threatened the profession from the practice of specialities. He also said that a specialist should be, in the best sense, a physician and something more, but in the worst sense, a specialist is something worse than a physician, and something less. The sentiments thus expressed met with many responses. To many they met with the warmest approbation, to others it furnished food for calm reflection.

Another prominent man in the profession has recently said that "a wise man sometimes carfully worries out the precise organic condition of the patient while a very wise man would not let the patient alone and treat prominent constitutional symptoms," and also that "the well-being of the patient may be injured by the pedantic fooleries of the specialists."

But it is important to call to mind a remark made by that great and good man who has so recently passed from among us, and whom we now mourn as children mourn for their father: "You should make it a rule of your professional life never to pin your faith to any man's coat sleeve."

How many are willing to accept blindly the views expressed in the first quotation? In whose hands would any member present place himself if he had a cataract of his eye? Would it not be the specialist.

He then referred to some instances of the addition to the science of medicine from the labors of specialists. Among others, Donder's works on Anomalies of Refraction and Accommodation. Von Graefe's Introduction of the operation of Irredectomy for Glaucoma. Laryngology has a special claim to respect from the profession. Among other important advances was mentioned the frequent removal of the larynx with success. In this connection a case of stenosis of the larynx which had been mistaken for pulmonary emphysema, until a laryngoscopic examination was made.

Also another case of supposed laryngitis was found in reality to be a case of paralysis of the abductor muscles of the larynx. This was cured by intralaryngeal applications of electricity.

In many cases a physician adopts a specialty on account of his success in a certain branch of medicine which brings him so many cases of this kind, that he cannot attend to other matters. The truth is that the specialist does not usually leave general practice, but the general practice leaves him.

Science is, has always been, advanced by labors in special lines of research. The truth of this is self-evident, no matter how unpalatable it may be.

Dr. E. A. Wood—The person who reads a paper here is much like a minister in the pulpit who reads his sermon without fear of criticism.

Dr. Daly would seem to teach that the observations and investigations of such men as Pasteur and Koch are not important, and he thinks that Jenner has a greater claim to our consideration than these experimenters with the bacillus, bacteria, and other fungi, the so-called germs. I think that this is a mistake. The profession should be encouraged to believe that there are great possibilities in the prosecution of these experiments.

The observations of Jenner resulted simply in producing a modified disease, while the methods of Pasteur are purely scientific. He started out knowingly to cultivate a modified bacillus by which he gave a modified disease. He has done for live stock what Jenner did for the human race. There is scarcely a comparison. I do not underrate the great work of Jenner, and it would seem that recent investigations have thrown greater lustre on his observations.

The profession should be encouraged to persist in these experiments and not be prejudiced against them. This Society should encourage true scientific education and let specialities take care of themselves.

Disorders Mistaken for Hydrophobia.

By Charles W. Dulles, M. D.

Attention was called to a previous paper in which more careful and critical analysis of cases of supposed hydrophobia was advocated. Objection was made to the way in which hydrophobia is usually diagnosed from the sign of dread of water alone. He stated that sufficient attention had not been paid to the disorders in which hydrophobia may arise as a symptom, that even special treatises on hydrophobia did not do justice to the subject. To make the matter clearer he had collected the results of his studies in regard to this aspect of the question during the past two years, and had arranged them systematically. They included: 1, disorders of the alimentary canal; 2, disorders of the respiratory apparatus; 3, disorders of the circulatory

apparatus; 4, systemic disorders; 5, disorders of the nervous system.

Of disorders of the nervous system the first referred to was meningitis.

After referring to some statements about simple neuritis, he called attention to the striking resemblance between hydrophobia and acute mania and delirium. These and mania-a-potu he of spoke at length, giving illustrative cases, and laying great stress on their influence as a factor in the false diagnosis of hydrophobia. Tetanus was then discussed. This was asserted to be sufficient to account for a large number of cases of so-called hydrophobia. Of this class were those in which hydrophobia was caused by the bites of non-rabid dogs, and by those of men. Epilepsy came next under notice. Here the argument rested partly on the statements found in the writings of specialists in nervous diseases, and partly on cases of spurious hydrophobia gathered from the journals.

Hysteria and psychical disturbances of other sorts were then considered, and various other illustrations of the effect of mental impressions were given, after which the similarity of the symptoms of narcotic poisons, such as are frequently used in the treatment of hydrophobia, with those of the supposed disease for which they were given was adverted to. Finally the author insinuated that the symptoms of hydrophobia might sometimes be due to the suggestions of the physician, and the fatal issue come in consequence of a gloomy prognosis.

Referred to the Publication Committee.

Dr. Traill Green, Easton—I am glad the Doctor read this paper. There is a great deal of error upon this subject. I will not say as did the member of Congress when the subject of swine was brought up, that "he was raised among hogs," but I know a good deal about dogs. I have never seen more than one rabid dog, and have never saw a case of hydrophobia in the community in which I practice. The dog I spoke of, I know was rabid because it bit a favorite dog of mine.

I want to say that what I know of hydrophobia I learned from Hewitt on the Dog, and if you want to read on hydrophobia, read that book. He states that rabid dogs are not afraid of water. Hewitt says that dogs go into the water when they have hydrophobia.

Many of these so-called cases of hydrophobia I know to be instances of mistaken diagnosis. Some years ago, in New York, when there was a great cry about hydrophobia, many cases were reported, but further examination showed that they were not cases of hydrophobia. One eminent physician proposed that the canine teeth of the dog be filed off to prevent them from communicating hydrophobia. There are not so many mad dogs about as are supposed. It is unnecessary for Councils to annually pass ordinances to compel the muzzling of dogs.

I would ask how many members have seen cases of hydrophobia.

(In response about half a dozen gentlemen rose.)

There is a hydrophobia about, but it is a different kind from that referred to in the paper. If a case of hydrophobia occurs from the bite of a dog, all the papers in the country describe it, but a hundred people dying from the other kind of hydrophobia will attract no attention.

I tell you that these men who introduce ordinances into Councils about rabid dogs are madder than the dogs. We know very well that hydrophobia occurs at other seasons than during dog days. I tell you that although five or six gentlemen have seen hydrophobia, it is by no means so common as it is supposed to be.

Dr. Van Harlingen's Paper.

Dr. Van Harlingen then read a paper entitled, "The Principles of External Treatment in Diseases of the Skin." The employment of outward applications in the treatment of diseases of the skin has always been largely empirical, a remedy having been chosen in a given case, not with the object of producing a certain desired effect in a known condition of the skin, but because it had been said to be useful in the disease supposed to be present. This doctrine of specifics was so prevalent some years ago that but four remedies were commonly employed in skin diseases—namely, mercury, arsenic, sulphur, and oxide of zinc. A disease was either eczema—when arsenic and oxide of zinc ointment was the specific; or it was syphilis—when mercury was to be employed; or it was the itch—when sulphur was to be made use of.

Thanks, chiefly to the labors of Duhring, of Philadelphia, the study of dermatology is no longer the memorizing of an obscure and confused jargon of names. The entire subject is now clear and comprehensible. Time and opportunity are, however, often lacking to the student and practitioner to become acquainted with the nomenclature and classification of diseases of the skin. It had, therefore, occurred to the writer that if the more commonly used external remedies could be classified according to their effects upon the diseased integument, certain principles of treatment might be arrived at which would enable the physician to treat most forms of skin disease according to the appearances presented, without this necessarily involving a knowledge of the nomenclature and classification of dermatology.

The writer then went on to sketch out a scheme by which the various outward applications commonly employed were arranged according to their effect as protectives, sedatives, astringents, anæsthetics, stimulants, caustics, and mechanical means of treatment—giving under each head the effect of each class of applications as far as known, together with a list of individual medicaments belonging to the class.

The paper, which was essentially tentative in character, was put forth, said the writer, with the hope of

suggesting lines of treatment which might aid the general practitioner in the management of the skin diseases encountered in every-day practice.

Referred to Committee on Publication.

Dr. W. R. D. Blackwood agreed with the lecturer in believing that therapeutics and simplicity in description were the important points in the matter of skin diseases, because the great majority of cases must come into the hands of general practitioners even in large cities, for many patients not only prefer their family physicians, but object to the excessive charges of specialists. The reference of the lecturer was unfortunate, as the gentleman referred to was noted for his studies in *pathology*, not therapeutics, and he has loaded the subject with many new and formidable names, and infinitely more work had been done by such men as Kaposi, of Vienna; Unna, of Hamburg; Bulkley, Fox, Piffard, and Bronson, of New York. For original investigation and introduction of new and efficient remedies and for the mechanical treatment of skin diseases we need not go from home, for Dr. John V. Shoemaker has devoted many years to the development of therapeutics in these affections. The pure oleates, napthol, iodoform, medicated soaps, jequirity, and similar agents have been thoroughly studied, tried and approved by him. "Honor to whom honor is due" compels me to refer to the work of this gentleman and its value to the whole profession.

Jequirity.

(*Abrus precatorius Linne.*)

Its Use in Diseases of the Skin.

By J. V. Shoemaker, A.M., M.D.

After giving a full account of the history of this interesting drug and its uses at various times, dating back to antiquity, the Doctor gives a description of its appearance and parts used, their chemistry, which denotes nothing of the active properties it displays. Its innocent nature, its use as food along with the above, led the writer to infer that its activity must be looked for either in a new compound formed on addition of water or the fact that it forms a rich nurture field for atmospheric bacteria. The rapid fungus formation in its infusion induced him to adopt the latter theory, especially as if these are destroyed by either boiling or antiseptics, the infusion is rendered inert.

Its use in affections of the eye, first empyrically developed by the natives of Brazil, has been closely studied by eminent ophthalmologists and pronounced by them as of marked value in granular affections of the lids, though so powerful as to deserve great caution in its application. Its results, when so applied, is to produce a specific ophthalmia of a croupous nature, which destroys the granulations and leaves them in a favorable condition to heal. This had led the writer to the deduction that it might be applicable to other morbid processes, consisting in exuberant granulations, proliferating cell growths, and with a tendency to remain in a slowly degenerating condition, where caustics, escharotics, and superficially destructive measures seem indicated. While evidently the fungoid development is at the expense of the albuminous components of its infusions, he also deducts that the destruction of cell growth is caused in a similar manner and that its own existence is ultimately destroyed by overproduction and the exclusion of atmospheric air by the detritus caused therefrom.

Selecting lupoid conditions, epithelioma, sloughing ulcers, etc., as tests for his theory, he found that a weak infusion, such as is used in ophthalmic practice, was of little avail, and obtained, as a more serviceable application, an emulsio-infusion from Dr. L. Wolff, the well-known chemist. This, when first applied, produced no pain, but soon set up a specific inflammation which at times assumed quite alarming proportions, œdematous swelling with erysipelatous appearances of the surroundings with febrile symptoms, though this occurred only in applying it to extensive surfaces and in highly sensitive and irritable patients. The products of the inflammation cast an immense crust on the surfaces, under the protecting influences of which the constructive process rapidly developed, so that after either forcible detachment or better spontaneous casting off of the cuirass-like crust, new and healthy surfaces were apparent, and on repeated applications, cures were speedily effected by it.

Dr. Shoemaker demonstrated this by cases from the Philadelphia Hospital for Skin Diseases, all of which showed the greatest improvement and entire cicatrization.

He sums up by stating that he considers Jequirity a most powerful agent in certain affections of the skin, and though only to be used under careful supervision and with due caution, it generally gives most excellent results in the class of affections named by him.

That it has a still greater field than simply that ot ophthalmic practice would readily appear, and that, hough his theory and its modus operandi may be modified in time, its valuable effect in the cases he named is indisputable and will be more fully developed as it finds more general application and introduction.

Referred to the Publication Committee.

Dr. Musser on the Sphygmograph.

Abstract of Dr. Musser's paper on a modification of the sphygmograph—being a change in the base of the instrument of Pond:

After stating the object of the paper, Dr. Musser expressed his belief that the reasons the sphygmograph was not of more practical usefulness to the profession was due to the fact that the time required in taking a tracing was so great as to deter the busy practitioner from undertaking its use; also to the want of uniformity in the tracings of the various machines, making comparative study impossible, and finally to the lax rules

concerning the regulation of pressure. By the modification he believes that time would be so saved in its application, that it would not be an opposing factor to its usefulness.

With the unmodified instrument of Pond he had often failed in securing tracings.

Dr. Mateer, of Wooster, Ohio, his former student, in pursuing investigations, also found it to be of little or no avail. He (Dr. Mateer) found this to be due to the base of the instrument. Calculations were presented to show that the base was too large and not properly shaped to be closely applied to a vessel having the anatomical relations of the radial artery. This relation was not considered apparently in the original design, and Dr. Mateer showed the importance of recognizing it. Dr. Mateer so modified it that the base fitted closely to the vessel at its point of greatest prominence. Sketches were presented by Dr. Musser showing the old and new base, and comparative copies of the tracings exhibited. The new base was carefully described. Greater ease and rapidity of application of the instrument and greater uniformity and clearness in its tracings were secured, it is claimed, by the modification.

Dr. Musser then described a true tracing, and showed why in tracings many instruments differed from those of a Pond. He called attention to the non-necessity often of the wrist rest, and of the estimation of pressure, giving a special rule in the latter instance for all cases. That amount of pressure should be applied as would, in each case, give the greatest amplitude or weight to the up stroke. The proper rate of speed of the slide was also discussed. The writer concluded with the hope that the modification would be of such service as to popularize the instrument.

Referred to the Publication Committee.

Bronchitis and Pneumonia of Rheumatic Origin.

By Joseph B. Potsdamer, A.M., M.D.

The most voluminous writer on this subject is Dr. Thos. H. Buckler, of Paris. Laennec describes this affection under the term "dry catarrh." Trosseau, in his *Clinical Medicine*, vol. 2d, p. 663, ed. 1873, Phila., gives a description of rheumatic pneumonia.

The anatomical seat of this disease is in the white fibrous tissue of the bronchi, which is inflamed. It does not affect the mucous membrane primarily. Pneumonia is alway secondary to rheumatic bronchitis and may occur in the same lung. Proper treatment for rheumatism will often save the patient. Further, it bears a direct relation to general rheumatism and rheumatic endocarditis.

In pneumonia there is congestion of the capillaries of the depurative circulation. On the other hand, congestion or inflammation of the bronchial structures affords an example in which the capillaries of the nutritious arteries and veins are involved.

The symptoms of the acute variety of rheumatic bronchitis are profuse irregular sweats, inordinate sensibility to cold, transient and irregular flushings of the face, and either a constant or a paroxysmal and unproductive cough. Pulse and respiration not much altered, Pain most constant on coughing. Rheumatic bronchitis degenerates into a chronic form, with dry cough, rapid respiration, and an occasional sibilant râle. The diagnosis is usually made by exclusion. Supervention of cardiac disease is of great value in diagnosing the present affection.

In rheumatic pneumonia there is almost always a premonitory cough, in idiopathic pneumonia there is none. Rheumatic bronchitis is a most insidious disease, going on months, at times, with no further annoyance than is produced by a dry cough, occasional slight chest pain and soreness, the patient feeling no indisposition, having a good appetite, sleeping well, and attending to business as usual. Symptomatic pneumonia is always preceded by rheumatic bronchitis. It may present all the symptoms of idiopathic pneumonia, but what gives it its distinctive character is, that all the symptoms of pneumonia may suddenly disappear without the gradual decrease observed in inflammatory pneumonia, and it is usually confined to a small section of the lung tissue.

The prognosis is favorable provided the disease is recognized early, otherwise the pneumonic process may go on and the patient succumb, or the lung may break down and the patient eventually dies of consumption.

The treatment is the same as is indicated in rheumatic affections elsewhere. Salicylic acids and its salts, or phosphate of ammonia being given when uric acid and urates are found in the urine. Lemon juice when phosphates are present.

Referred to the Publication Committee.

A Plea for Chemistry.

By Traill Green, M. D.

In opening his paper, the distinguished reader referred to the fact that students of medicine have never been ardent students of chemistry; they generally expected to miss their examination in that branch; and he asked what an intelligent layman would think if he knew his physician to be ignorant of this branch of medical education? Why not be ignorant of physiology or practice of medicine? Some medical graduates did not know the composition of Epsom salts, magnesia, or alcohol! This ignorance leads to prescribing compounds dangerous often in their explosive nature, as, for instance, sweet spirits of nitre and iodide of potassium, and chlorate of potassa, glycerine, and tincture of chloride of iron. Physicians should avoid mixing glycerine and easily oxydized agents, such as permanganates, chlorates, chronic and certain organic acids. A pill of oxide of silver, morphia, and gentian

silver coated, exploded in a lady's bosom and severely burned her. A physician had his clothing ruined by an explosion of nitric acid and glycerine, which was carelessly mixed in a vial. In the Doctor's own practice, a solution of sodic chlorate used by an engineer for rhus poisoning, was allowed to accumulate on his hands in a dried state and it took fire.

A mixture of quicksilver and nitric acid has caused a serious explosion, the patient dying from injuries received. It does not do to rely upon the druggist being posted, the physician must look out.

The Doctor closed by begging thoughtful care for the welfare of the druggist and the sick who relied on the skill of his attendant.

Referred to the Publication Committee.

Adjourned.

Afternoon Session.

On motion, Friday morning was set apart for Dr. Leidy to present his remarks in connection with the anatomical bill of Pennsylvania.

The Nominating Committee reported as follows:

President—E. P. Allen, Bradford.

Vice-Presidents—Jacob Price, West Chester; D. M. Bland, Columbia; S. Brandis, S. R. Rutledge, Indiana.

Permanent Secretary—Wm. B. Atkinson, Philadelphia.

Recording Secretary—A. T. Cornell, Lackawanna.

Corresponding Secretary—John G. Lee, Philadelphia.

Treasurer—Benj. Lee, Philadelphia.

Committee on Publication—John B. Roberts, Henry Leffman, E. Jackson.

Judicial Council—Traill Green, Northampton; J. A. Ellier, Lackawanna, —— Bishop.

Next meeting will be held on the second Wednesday of May, 1885, at Scranton, Lackawanna County, Pa.

Chairman of Committee of Arrangements—J. F. Everhart.

Associates to be selected by the Lackawanna County Medical Society.

The following additions and alterations were made to the Board of Censors:

3d District—J. McKibbin.
8th District—G. W. Moss.
9th District—A. M. Reed.
10th District—C. G. Wilson.
11th District—E. A. Hoglan.
12th District—H. W. Logan.
13th District—S. Birdsell and J. W. Limar.

Dr. Roberts requested that he be allowed to withdraw from the Publication Committee.

On motion Dr. Roberts was allowed to withdraw, and the name of Dr. R. J. Dunglison was substituted.

The report of the Nominating Committee was then accepted, and the officers named declared elected.

Drs. Theophilus Parvin and Theodore Varrick, of New Jersey, were made members by invitation.

Address on Obstetrics.

Dr. Jacob Price.

Reference was made in commencing to the rapid progress of the art; and next, the vomiting of pregnancy was considered. The "pernicious vomiting" which reduces patients to the verge of death was ascribed to congestion or inflammation of the cervix. This he treats by rest, salines if needed, and local applications of iodine and carbolic acid, with tannin and glycerine. Several cases were detailed in illustration and the results of treatment were satisfactory.

The subject of abortion was next discussed. Immediate instrumental removal of the secundines was reprobated. The use of a tampon was commended. Flexions were considered a common cause of abortion.

The forced dilation of the cervix in labor was condemned, and morphia or chloral urged as better to procure the result.

The perineum is guarded by preventing too rapid descent of the head. Post-partum hemorrhage is avoided by the usual methods, aided by Credes' method and ergot.

Placenta prævia was treated at length, and reference made to its management by premature delivery, and to the views of Dr. Davis, of Wilkesbarre, Jungbluth, Hofmeir, and Behm, of Berlin. Lusk appears to meet the point in his views precisely.

Puerperal convulsions received attention, and the fact that albuminuria is sometimes not present in these cases was noted. Overstimulation, reflex in origin, was the usual explanation. Bromide, chloral, morphia, are used; pilocarpin, also, if the kidneys are not active. Venesection was commended as the best of all means.

Puerperal fever was discussed. The conflicting views now advanced were noted, and the views of Professor Jaggard, of Chicago, were given as a good guide in treatment at this time. The observance of cleanliness, the antiseptic precautions in bad cases, and thorough vaginal irrigation were strongly advocated.

Referred to Publication Committee.

"Massage—The Latest Handmaid of Medicine."

By Dr. Benjamin Lee.

By *Massage* I understand the communication of motion to the tissues of the living human body from an external source, for therapeutic purposes, and I name four methods of procedure in massage—*stroking*, *kneading*, *friction*, and *percussion*.

Vibration is a modification of *kneading*. It consists in making the alternate pressure and relief from pres-

sure, which constitute the essential features of that form of massage, with extreme rapidity. It may be imperfectly done by the hand, but much more effectively with the aid of a machine, since with this alone can the alternations be made with the requisite frequency.

A knowledge of the physiological effects of massage at once affords a clue to its therapeutic applications. And be it here observed that not the least among its advantages as a remedial agent is the fact that its mode of action is physiological and not pathological—that it removes one diseased process, not by substituting for it another diseased process, as is the case in the operation of internal remedies, but by substituting directly the condition of healthy action. Hence, if performed skilfully and judiciously, there need be no fear of any unpleasant after-results, such as can so often be traced to the administration of drugs, and which may ultimately prove as serious as the original disease. The injury done by the habitual, immoderate use of laxatives by women is an illustration of this fact.

Illustrations of the value of cervical and abdominal massage were given, and reference made to the great value of it in anchylosis (false) of the joints, sciatica, spinal irritation, spasmodic muscular affections, many forms of paralysis, and neuralgia. Its power to soothe nerve irritability was explained, and many examples of its striking power over diseases once considered incurable were adduced.

In short, not to amplify this already too long catalogue, whenever we desire to profoundly modify the processes of nutrition, to remove effete material from the system, to stimulate assimilation and invigorate digestion, to soothe nervous irritability and relieve nerve pain, to remove morbid deposits from the neighborhood of inflamed joints, and thus restore them to their normal mobility, to equalize the circulation, sending the blood from the hot head, congested spine, or laboring heart, into the cold extremities, we shall, if we are wise, use massage.

If we know how, and can spare the time, we shall do it ourselves. If, as is more than probable, we do not know how, or have not the time to devote to it, we shall employ an experienced masseur or manipulator to do it in our stead, but for the reasons stated, and not because it is in any way beneath our dignity to do it ourselves.

Massage is an art, and as such must be acquired by study and patient practice, under competent guidance. It cannot be picked up at an hour's notice, by any broken-down nurse or disappointed cobbler. As certainly as a trained nurse is superior to an untrained, so certainly, even more certainly, is a trained and well-instructed manipulator better than a self-taught "rubber." In this, as in every art, in the words of the great Roman lawyer: *Quamquisque norit artem in hac se exercent.*

Referred to Publication Committee.

Diphtheria.

By L. B. Kline, M. D.

Diphtheria is an acute, specific, contagious, and infectious disease of a miasmatic character, and is so fatal as to make its study a most important matter. There is much ignorance concerning its etiological and pathological character. It is probably primarily local in its onset, the general infection being the sequel. It may be present without local manifestations. The causes are exposure to decaying matter, impure air, and defective cleanliness, and to contact with other cases. The time between exposure and attack may be short—one day, or it may extend to ten or more days. The disease may be carried in dirty clothing from house to house, and danger exists in contact with those convalescing, even though the acute symptoms are all gone. Examples were given on this point.] As it is almost] certain that bacteria are concerned in the dissemination of the poison, we should prohibit children from going to school when the disease is in their family. Patients apparently doing well have had vomiting of shreds of membrane from the stomach, showing that organ to be involved in the general blood-poisoning.

In treatment we must first destroy local lesions to prevent further points of absorption; and, second, neutralize, as much as possible, all absorbed virus, supporting the system until the crisis is past. The local trouble is hard to destroy, as we have no specific—washed sulphur is highly spoken of by blowing it upon the fauces, and caustic applications should be discarded. I have relied upon tincture chloride of iron and glycerine mopped on, or carbolic acid and glycerine similarly applied. If the patient can use a gargle, I direct:

℞ Acid lactic, gtt xx—xxx.
Spt. Pectificat, ℥ iiss.
Glycerine, ℥ ss. M. Sig. Gargle frequently.

The lactic acid dissolves the membrane. Twenty or thirty drops of carbolic acid in a pint of hop tea is a favorite, the steam being inhaled frequently. It hastens loosening of the membrane. Ice internally and hot poultices externally are valuable.

Internally, iron, quinine, and chlorate of potash are indispensible. Permanganate of potash will remove the fetor if excessive. Compound tincture of iodine and carbolic acid, with alcohol, freely acts as a food, and stimulants must be used early. Nourishment must be enforced. Sprays are the best in tracheal difficulty, and tracheotomy is needed if stenosis exists. Sulphocarbolate of soda, bromine, salicylates, eucalyptus globules, and other drugs have their admirers—they do good in certain cases.

Referred to Publication Committee.

A motion was made and passed, allowing Dr. H. C. Wood twenty minutes to give his views on Diphtheria.

Dr. H. C. Wood—Gentlemen of the State Society:

It may be known to you that in connection with Dr. Henry F. Formad, my leisure has been occupied during the last three or four years largely with investigations of the subject of diphtheria. In the first place, we attempted to impart the disease to the lower animals. We found that when we used material taken from ordinary diphtheria, as it exists in Philadelphia, we failed, but that when we obtained material from malignant epidemics we succeeded almost invariably in infecting the lower animals. The symptoms which were produced were identical with those occurring in man, there is local pseudo-membrane, systemic infection, and finally death, with the symptoms of blood-poisoning, and with the power of producing material which passes from animal to the animal. We did not, of course, attempt to pass the material back from animal to man, but this has practically been done by nature. In observations in Belgium, it was found that the calves in a dairy were infected with diphtheria from a child of an inn-keeper. The government and head of the veterinary college of Belgium investigated the epidemic and found that the disease was diphtheria. It was ordered that the disease be treated as diphtheria usually is treated in man. Several of the attendants in swabbing out the throats of the calves contracted the disease.

I think that there can be no doubt that it is possible for children to take diphtheria from the lower animals. I am cognizant of two cases in which I think children took diphtheria from cats. As the disease which was produced was identical in its symptoms and in its lesions and general history with diphtheria in man, we concluded that we had produced diphtheria in lower animals.

We have taken diphtheritic membrane, soaked it in water, filtered it under pressure through clay, and when we took the filtrate, consisting of liquid containing no solid matter, it was found to be innocuous, but the material which was left on the filter and which represented the solid particle of membrane was poisonous and did produce diphtheria.

Then again we availed ourselves of a natural filter, as you know the membrane in the throat is filled with a micrococcus, a form of vegetable germ, and the urine of a patient suffering from malignant diphtheria swarms with that micrococcus. This may be perfectly clear and free from all particles under the highest power of the microscope, excepting the micrococci. We found that if pieces of blotting paper were soaked in the urine, the blotting paper became more poisonous than any membrane which we could obtain. This seems to definitely prove that the micrococcus is the cause of the disease, but we went one step further. We took the micrococcus and cultivated it away from the animal in soups. We cultivated it to the sixth and I think the seventh generation, and we produced diphtheria in the animal with the micrococcus from the seventh generation. At least we were unable to distinguish the disease from diphtheria and which we claim to be diphtheria.

Here we met with an objection. We found in ordinary saliva of adults and children a micrococcus or plant which cannot be distinguished from the micrococcus of the most malignant case. When we examined endemic diphtheria in Philadelphia, we found the micrococci abundant in the membrane, yet this micrococcus was not able to produce diphtheria in the lower animals.

We noted, however, very early, that there was a grade in the poisoning power. The micrococcus from an ordinary throat produced no poisoning, that from a mild case of diphtheria produced light poisoning, while that from a virulent case produces severe poisoning, and so on. We noticed also that the virulent power of the membrane was in direct proportion to the power of the micrococcus to grow.

The micrococcus from ordinary throats failed to grow in culture fluids; from mild diphtheria there was slight power to grow, while from virulent diphtheria it grew rapidly. It was perfectly evident that there was a direct relation between the virulence of the membrane and the power of the micrococcus to grow. We found that if we took the virulent membrane and exposed it to the air for a length of time, it gradually lost its virulent power. When it lost entirely its poisoning power, the micrococcus no longer grew. When it grew sluggishly, the virulent power was nearly lost.

I think that these researches prove that diphtheria is produced by micrococci that are present in every man's mouth. It fails to produce diphtheria, because it is an inert condition.

This, I think, explains the great controversy which has swept over the profession in regard to the contagiousness and non-contagiousness and the question whether pseudo-membranous croup is the same as diphtheria. We know that there is a mild and a virulent form of diphtheria. There is a sore throat and a diphtheritic sore throat from a simple angina to the most malignant diphtheria. A child gets an ordinary catarrhal sore throat. Under the stimulus of a plentiful supply of food there present the micrococcus begins to grow. At first it is a simple sore throat, the micrococci becomes more and more abundant, the inert plant becomes converted into an active plant until there is genuine diphtheria. In another case micrococcus takes an action from outside, and you have epidemic, malignant diphtheria. A child who has developed diphtheria in itself by and by throws off some of this diphtheritic poison in an active condition, and you have contagious diphtheria.

We found that undoubtedly in the great majority of cases is a local change. We injected the diphtheritic poison directly into the blood, but unless there was a local lodgment there was no diphtheria.

We also traced the mode of entrance into the system. It first locates itself upon the mucous membrane, and

begins to grow and inflammation surrounds it. The membrane becomes filled with micrococci. These force their way between the epithelial cells, they choke off the pabulum, the cells begin to die, and ulceration takes place. This opens the mouths of the lymphatics, and the micrococci pass into the solid tissues of the neck. Hence it is, that so early in diphtheria the glands begin to swell.

Early in diphtheria you find no micrococci in the blood. When the constitutional symptoms begin to appear masses of micrococci will be found in the vessels and they even invade the white blood corpuscles. After a time the white blood corpuscles will be filled and micrococci will be found everywhere present; they are found in the kidney, filling up the capillaries, forcing their way between the muscular fibre, everywhere leading to destruction of tissue.

We found one point, to which I allude very briefly, because it will throw some light upon deaths occurring in many instances, and because it leads us to the conclusion that diphtheria is not a disease at all, and it shows that the physicians of forty years ago were right as they by intuition reached the same conclusion which we have reached by experiment. Diphtheria is nothing more nor less than putrid sore throat. It is a septic sore throat.

We took matter from puerperal metritis, from sloughing sores, from gangrenous wounds, and foul pus, swarming with micrococci, not distinguishable from those of diphtheria; these we injected into various animals and we got diphtheria.

When we examined the blood in malignant scarlet fever we found this micrococcus. We learned that we could prognosticate almost certainly the fate of the patient by noting whether the micrococcus was in the white corpuscles or not. Take a case of scarlet fever which seems to be getting better, the original poison may have spent itself, but the sore throat which has been produced has ended in a condition of debility, the micrococcus has passed into the blood and the child has perished from secondary septicæmia. I am sure that this is so in regard to malignant measles. I believe that the time will come when it will be recognized that the patient does not die from the original disease, but that the original disease has so weakened the vital powers that the system is unable to resist this septic organism which is always about us and will ever remain with us.

On motion Dr. H. C. Wood was requested to furnish a copy of his remarks for publication.

Work of Women Physicians in Asia.

By Mary H. Stinson, M. D.

The author narrated in her paper the early history of medical missionaries in Asia and Africa, and gave interesting examples of the good work which they could do in places where male physicians would not be allowed to practice. Many cases of great interest occurring in India were recited in which life was saved by proper medical attendance, where, in similar circumstances, death always had previously been the rule. Female medical missionaries could break down the barriers of caste—the great obstacle to successful missions. The number of patients treated by new and unskilful female physicians was astonishing; but the results of their treatment is stated to have been successful. This being the case, encouragement should be given to their efforts. Women doctors were generally well received, and instances were given where they obtained grants of land and other favors which had been unavailingly sought by male missionaries, one of these grants being worth fifteen thousand dollars! The success of Miss Dr. Swain is described as "reading like a fairy tale—a grand success." Native students of medicine were taken in hand by her and educated in the art and science of healing.

Mrs. Winters is described as writing a paper on "Female Education," in which she says: "I would venture to urge the Conference not to discuss the questions of missions to women, but to spend the time thus saved in silent prayer to God for money, women, and, above all, love." Reference was made to the prevailing diseases likely to need attention at the hands of women physicians, and statistics given of the result of such labor.

Reference was made to medical missions in Burmah, Africa, and China, the work being nearly similar in those countries to that required in other heathen lands. The work done by the various denominational boards of missions was given, showing large sums to have been donated, the Presbyterians being far ahead in liberality, with the Methodists following.

The paper was very interesting as a historical *resume* of women's medical work, and the grand opportunities for doing good by their agency in the far corners of the earth.

Referred to the Committee on Publication.

Obstetrical Forceps Jointed at the Junction of the Blades and Shanks.

By J. A. McFerran.

The Doctor showed, in opening his paper, that the expert obstetrician could only reach a very few of those needing his assistance, and that it was necessary to afford the general practitioner every advantage to be gained, by not only skill, but good instruments. Danger threatens the lying-in woman from natural causes and from unsuitable mechanical assistance. To properly direct and control the course of the head through the tortuous pelvic excavation may come to our inspired few, but to the majority it must remain a myth. Fortunately, most pelves are normal in construction; the deformed are the exception. When applied, the

action of the forceps *fixes* the head, and, in the words of Baudelocque, are verified—"it can in every movement, be the hand and skill that guides it ever so great, if it moves at all, move only as rigidly held against flexion, extension, rotation, or any other motion of accommodation." The pelvis and the child's head are naturally adapted to each other; in a proper position there is plenty of room for its easy passage, the character of the two straits require a spiral movement of the head, and if the proper movements are interfered with there is danger to both mother and child. As the forceps, if applied, holds the head, there it must continue; if the chin has departed from the breast, then the diameter is increased, and there is no way to decrease it; the head swings in a smaller arc than the handles. The point where the traction is applied makes the line direct; no curve in the forceps can avoid this result, and force applied results in contusion of the parts.

Traction must be made in an *oblique* direction, and to avoid pressing the perineum we elevate the handles, and thereby depart from the real axis of the pelvis, thus locking the head between opposing points, and calling for more force to the injury of the woman. The mere termination of a labor by forceps is no evidence that injury has not been done. Mechanical impossibilities defy mere skill; they are mathematical facts just as much as that two and two make four, or that ten cannot be taken from nine.

Fully impressed with the fact that lack of skill should be supplemented by improved instruments. Dr. McFerran, in 1877, designed a new forceps to meet the existing defect in those now used. These were presented to the Philadelphia County Medical Society with a paper, published in the *Medical and Surgical Reporter*, on December 1st and 8th, of that year. The forceps are now exhibited. They have succeeded in many cases after other instruments have failed to deliver.

These forceps, when applied, leave the head free to deflect, flex, or extend. The line of traction is transferred from the junction of the head and neck to the joint of the instruments. By making the handles a lever, one hand the fulcrum close to the vulva, the head can be flexed and swept down in the axis of the pelvis, even when traction is made from the extremity of the handles. [The Doctor then illustrated the action of the new forceps in many positions of the head, and demonstrated the facility with which extraction is made.] The jointed forceps has all the advantage of the ordinary instrument as a tractor, a lever, and in the independent application of its blades. It removes disadvantages by putting the joint where the motion of the fœtal head shall not be interfered with. We aspire to be conservators of public health, and scientific investigation should multiply and broaden facts into a grand principle, always certain in its application; failing this, it will always be empiricism. Faith must be held for men, not for the profession; take opinions for truths, and you suffer from the failures of inexperience.

Dr. S. K. Baldwin, Philadelphia, thought that the mechanism was very ingenious, and he corroborated the statements of Dr. McFerran.

Paper was referred to Publication Committee.

Dr. Janney, of Philadelphia, stated that he had an interesting case of deflection of the trachea, in which tracheotomy was performed, which he desired to present to the Society. The presentation of the case would require ten minutes.

On the motion of Dr. John B. Roberts, ten minutes was allotted to Dr. Janney, after the reading of the scientific paper on Friday afternoon.

Dr. Benjamin Lee, Philadelphia, exhibited two of the splints which are used in the treatment of disease of the hip joint, one being the ordinary splint, immovable at the hip joint, and secured to the limb by a wide band around the hips, and straps around the knee and leg, and being secured to the shoe; the other being a splint with a bar jointed opposite the hip joint so as to allow motion in an anterior and in a lateral direction, being secured to the limb with adhesive strips. It is also provided with a rachet by means of which extension may be made, counter extension being provided for by a perineal band.

The particular advantage of the splint which he advocated, was that with it extension and counter-extension could be made while motion of the joint was allowed. In a paper read before the Philadelphia County Medical Society, Dr. Ellis had held that the best result attainable was a stiff joint.

The case which I have to present came under my care sixteen years ago. The disease was in the third stage, abscess had formed. This had occurred a year before I took charge of him. The discharge was escaping from two or three openings.

I present him to-day with a limb of precisely the same length as the other, with perfect mobility of the hip joint.

As this is a matter that cannot be decided by seeing the man walk, I would therefore request that a committee of surgeons be appointed to examiue him and report.

I have not brought this case before any society previous to this time, because I wish to give ample time for proving the cure to be permanent.

The committee, consisting of Drs. O. H. Allis, De-Forrest Willard, and Pollock were appointed to examine the patient and report.

Dr. Jackson—I wish to offer the following resolution:

Resolved, That a committee of seven be appointed by the chair to inquire as to the best method of making the diploma which permits a man to enter upon the

practice of medicine in the State of Pennsylvania, and a real guarantee of his proper qualification for the work, the committee to report at the next annual session of this Society.

Dr. Henry Leffman, Phila., considered the subject to be one of great importance. At the last meeting, a schedule of examinations was adopted, but the County Societies had taken no steps toward enforcing its action. In proof of this he stated that during the past year no applicant had been examined by the Philadelphia County Society. A resolution like this will be an indication that the Society intends to take an interest in medical education.

Dr. Gates, Scranton, after a series of preambles, offered the following resolution as a substitute:

Resolved, That a committee be appointed to urge upon the legislature the passage of an act creating a State Board of Examiners to license persons to the practice of medicine.

Provisions embodying the following were added:

The board shall consist of five members, for not less than three years. One member shall be from each medical college of Pennsylvania.

This body is the only one which shall have the power of licensing practitioners of medicine and surgery.

A person desiring to become a practitioner of medicine must pass an examination in common English branches, study medicine three years, pursue a two years' course at a medical college, the final examination to be made in writing.

After the board has been in existence three years, the time of study is to be increased to four years.

Practitioners from other States are to pass the same examinations.

The examinations shall be a matter of record and accessible to public inspection.

Dr. Jackson raised the point of order that this resolution covered entirely different ground from his.

The Prestdent decided that Dr. Jackson's point was well taken.

Dr. Gates—This matter is coming up at every meeting, and I think it ought to be definitely settled. I brought these resolutions in order to obtain an expression of opinion more than anything else. If by having a committee for a year they can offer a better plan we shall be glad to have it.

Dr. Dale, of Carlisle, moved to amend Dr. Jackson's resolution by adding that this committee report on Thursday morning of the next session and that this time be set apart for the discussion of this whole subject.

Adopted.

Dr. Gertson, Susquehanna, moved to amend the original resolution by stating that the corps of the Jefferson Medical College, and University of Pennsylvania be represented by at least one member on this Committee.

Dr. Stubbs said that there were other medical institutions beside those mentioned. He mentioned the Women's Medical College, which had a three years' graduated course, and quizzes its students carefully. He also referred to the Medico-Chiurgical College, which he represented. This institution has a three years' graded course, quizzes its students before every lecture, and is the only institution in this city which demands a written examination. He therefore moved to amend the amendment by saying that each medical school should be represented.

Dr. Jackson hoped that these amendments would not be passed. He thought the suggestions were valuable to the Chair, but the matter could be safely left in the President's hands.

Dr. Gertson accepted the amendment of Dr. Stubbs.

The amendment as amended was put and lost.

A motion to lay the whole matter on the table was put and lost.

The question being on the original resolution of Dr. Jackson, it was adopted.

Dr. Isaac Quinby, of Jersey City, and Dr. N. S. Lincoln, of Washington, D. C., were made members by invitation, and invited to seats on the platform.

The Society then adjourned.

The following is an abstract of the

Address of President Henry H. Smith, M.D.

The recurrence of the period, when delegates from all our County Medical Societies assemble to interchange professional opinions and renew or form the fraternal ties of a distinguished brotherhood, has again brought us together on this the thirty-fifth annual session of the Medical Society of the State of Pennsylvania.

This theme I would formulate as the importance and usefulness of scientific medical organizations to our profession and the public.

In order correctly to comprehend the objects obtainable by such organizations, it may be useful, 1st. To note their origin and elementary form, as described in history; 2d. Show in what manner our annual meetings are useful to the profession and the public; 3d. Allude to the reciprocal obligations of the public to the profession.

The Doctor then referred to the history of the first societies organized.

In the association of individuals that thus formed societies, it soon became apparent that some laws or rules of action applicable to each and every member must be adopted, in order to regulate intercourse and restrict irregular or individual opposition to the interests of the society, and that in these laws, as in those of all communities, the most important portion would be "the penal or vindicatory clause," it being useless to say, do this or avoid that, unless the law also declared what would be the penalty or consequence of non-compliance. Ethics, or the law of manners, col-

lected in a paper-book, termed Codex or Code, was thus adopted at an early period in the history of all associations, and the Code of Ethics of the American Medical Association is but another illustration "that history repeats itself."

The origin of our own State Society dates back only to the year 1848, when the pre-existing county Societies of Chester, Philadelphia, and Lancaster elected delegates to a Medical State Convention that assembled in the city of Lancaster, to take the necessary steps to create a State Society such as was required to form a part of the American Medical Association.

A question that has been warmly discussed in connection with this Code is the right of members of the American Medical Association or a county society, to consult at the bedside or office, in regard to the diagnosis and treatment of disease with those who practise and believe in an exclusive dogma, and especially that one revived by Hahnemann, of *similia similibus curantur*, or that "like cures like."

Is matters little, in the consideration of this question, to ask how or why it arose. The propriety of such consultations is positively settled by the Code, and hence its repeal is advocated by that comparatively small number, especially in New York, who perhaps anticipate benefit from the change. Any one who reads the clause in reference to consultations will readily see that the Code recognizes the fact that two physicians of different medical creeds, cannot agree on any question of pathology and therapeutics, when each is conscientious in the correctness of his own professional opinion.

The influence exercised by these annual meetings of our Society is, however, by no means limited to medical ethics, but extends to the entire community through the scientific work thus accomplished.

In reviewing all that this Society has done in the last thirty-five years, our increased knowledge of the best means of preventing or alleviating disease is very apparent.

No Post-graduate course of medical instruction, now so much in vogue, "with doctrines fashioned to the varying hour," offers more valuable information to a medical man than that afforded by the papers and discussions presented in our sessions.

Since 1848 many advances in pathology as well as in practice have been made in this body and been subsequently developed for the public good.

In the annual reports made by the able chairman of the Section on Hygiene, and especially by him who has also for years faithfully served the Society in the care of its funds, how many suggestions have tended to secure the comfort and sanitary safety of many of the towns and villages of this great Commonwealth.

The fear of "taking cold," and suffering from exposure to fresh air, is one constantly brought to the notice of every physician. Whilst apprehensive of "taking cold," the public seldom recognizes the danger of being too hot, or of living in a temperature that often exceeds 75° Fahrenheit, in which every aperture for the entrance of the fresh air, that is so essential to the health of a respiratory creature like man, is carefully closed.

Not only is there with many an ancient and popnlar dread of fresh air, but the evil influence of fresh *night* air is yet widely noticeable. Many, who admit to some extent, the beneficial influence of fresh air during the day, will hesitate about breathing the same air after sunset, a prejudice of ancient date.

Among the varied papers read in our meetings of marked public interest, and indirectly connected with the fresh-air question, was one "On the Influence of Growing Plants on Lung Diseases," which those present at our last session can readily recall.

The experiments there stated also render it probable that ozone is generated by *flowering* plants, thus rendering them an active disinfecting agent. From personal observation of florists and gardeners threatened with consumption, the author of the paper says, "he is convinced that their health was greatly benefited by the influence of plant life and the temperature and atmosphere of green-houses," (not hot-houses).

Popular sentiment has for a long period been entirely different from this, and many who are well read yet regard the presence of plants in a chamber as injurious to health, from the supposed amount of carbonic acid gas given off by them at night.

It may not be inappropriate in connection with the subject of State Medicine, also to call attention to the propriety of memorializing the legislature to modify the present mode of capital punishment and make it correspond with the scientific progress of the age.

Without discussing the necessity of such punishment, we may justly urge, that as its main object is the removal from society of those whose lives are detrimental to its best interests, this should be accomplished in the least painful manner, and it does seem as if death by means of electricity should at present receive due consideration.

I feel that I advance the cause of humanity when I direct attention to this subject with a view of obtaining legislative sanction.

The great advances made in chemistry, and our increased knowledge of pathology, have also greatly changed the treatment of disease and the administration of medicines.

I know that the popular idea is, that the regular, scientific practice of medicine, has been greatly benefited in this respect by the introduction of homœopathy; but this is not so.

Why are we so generally designated as allopaths that even a Congressional bill contains the name?

The answer usually given is, an allopath is one who treates disease by large and nauseous doses of medicine, whilst a homœopath gives little tasteless powders and sugared pellets.

Now nothing is more erroneous as a definition than this statement. The dose of a medicine has nothing whatever to do with the name of allopath or homœopath. The distinction between these two schools of medicine is founded on a much more serious difference.

As our Code directs us to be ever vigilant of the welfare of the community, and to give counsel on matters specially pertaining to our profession, I have thus imperfectly alluded to a very common error, the results of which may be briefly summarized as having shortened life and lengthened suffering. I trust, however, that in referring to the unscientific character of homœopathy as a medical doctrine, I may not realize the correctness of the statement of Macdonald in one of his essays, "that many forms of error, perhaps most, are better let alone, to die of their own weakness, as the galvanic battery of criticism only helps to perpetuate their ghastly life."

I have, perhaps, detained you too long from pleasanter engagements in thus alluding to topics known to many of you; but in doing so, I have endeavored to illustrate "the importance and usefulness of scientific medical organizations to our profession and the public."

If I have failed in this, I trust you will recognize the difficulty of properly discussing this subject in the portion of time justly allotted me. I have, as you will notice, abstained from reference to the progress of medical science during the past year, though it might have proved more attractive, as this subject will be ably presented by other members of our Society.

Permit me before closing to acknowledge my appreciation of the attention accorded me on this occasion, and to express the hope that the present session of the Society will promote not only the hygienic interests of the Keystone State, but also that of other communities.

EDITORIAL.

Medical Societies and the Public Press.

There is a movement on foot just at this time, and a worthy one it is in principle, to prevent the public press from obtaining either surreptitiously or otherwise the substance of any paper read at the meetings of our societies and, as we have said, it is a worthy one as it is calculated to insure fair and equal popularity to every speaker. But alas we see no way to remedy such defects, and certainly do not know how to control the enterprising reporter. The trouble seems solely this: that the public press imagine that the public at large is somewhat interested in the proceedings of our medical societies quite as much as the members. That our ends subserve the benefit of the public is not to be denied, and as our proceeding are public we cannot possibly exclude the members of the press. If now their representatives in their rapid manner abstract our papers, what remedy is there for it unless we meet in secret session and shut up the doors so that no Paul Pry of the papers could even get an inkling of what we are doing?

Now let us analyze the object of this plan to prevent publicity. It would certainly prove a reform, but reformers are not always sincere people. Like in politics so in this matter, reformers are generally those who are on the outside, as they almost invariably cease to be reforming in the moment that they become the benefited by abuses.

We can readily understand the evil tendency of having too much publicity given to some to the exclusion of others, and we deprecate it, but cannot see any remedy for it. Medicine as a science is a public property, and if anything regarding it is republished in a public newspaper it is certainly not theft nor a misdemeanor, and cannot be prosecuted or prevented. The only trouble seems just here, that those who are omitted in the columns of such journals, though coveting the notoriety so obtained, become violent in their exclamations as to the disregard for ethical rules by those who are quoted as though the latter controlled or run the newspapers or paid for the quotations therein.

The reporter or editor is perhaps the best man to judge what sort of reading will prove of benefit and interest to his readers, and will show most likely great disregard for the opinions of that kind of ethical kickers, who, by not presenting matter of interest themselves, have the only desire and object to prevent that of others receiving recognition.

Control and censorship of medical literature, as has been attempted, are means simply to put a few men in control of our literary work, who shall say which is good or not. Now there is according to an old established adage, two sides to each question, and as the censors might not be on the side that the writer is on, his effort would be suppressed and our proceedings would be very one-sided indeed, smacking solely of the rehash of the opinions of a few. Our object in assembling annually is evidently to exchange our ideas, and by the difference of thought and experience, to gain knowledge and science. If some of the autocratic measures pointed out above should be adopted, we might as well stay home and read books or journals and find in them all we wanted. If books are public property and can be commented upon by the public press or reprinted and abstracted at will, we cannot see that our papers do not come under the same category. Preventive measures seem of no account unless it be made the rule by some of these wiseacres, which they seem to have already adopted themselves, to make the papers so uninteresting that no one will be tempted to hear, copy, abstract, or reprint them. Although it is asserted by them, that their papers are not left out by lack of merit, we must again recall them to the fact of diverse opinions referred to above; and while to them no doubt interesting and very valuable, they are evidently not appreciated by the stupid reporter and newspaper editor.

We do not by any means advocate the newspaper puff as desirable for the advancement of our professional and ethical relations, but deplore the wrangle over the fact that one of us has been favored more than others. The public notoriety, if undesirable, will certainly react against the recipient thereof, and why should we, therefore, legislate against it in a manner indeed which will cast ridicule against us instead of benefiting any one. Our Code of Ethics clearly defines that no physician should advertise himself. And as this code applies to all of our Societies, there is ample room and opportunity for prosecution, there and if any one has violated our discipline, to expel or otherwise punish him; but if charges are to be made they must be definite and specific, and sustained and brought forward in the proper place and the proper tribunal to enforce ethical deportment.

University of Pennsylvania.

The Faculty of the University of Pennsylvania gave a reception to the members and delegates at the University buildings. The gentlemen were conducted through the various departments, inspecting the laboratories and lecture-rooms under the guidance of the chiefs of the different branches. Dr. Formad's laboratory for pathological research and Dr. Seiler's laryngoscopic room attracting particular attention. Later on, the guests present partook of a sumptuous supper provided by the University.

Reception by the Drs. Turnbull.

A great many members availed themselves of the kind invitation of the Drs. Turnbull, last night, and their hospitable home was crowded throughout the evening with numerous visitors who came to shake hands with their well-known hosts, and partake of the delicacies set out by them. The event is one that will be long and pleasantly remembered by our friends.

Dr. J. V. Shoemaker's Reception.

One of the brilliant events of the session was the reception of Dr. Shoemaker, at his residence, No. 1031 Walnut Street, to the members and their ladies.

The fact that the ladies were also invited largely increased the pleasure of that festive occasion, and there seemed to be no end to the good things offered. With the strains of a fine orchestra floating on the air and the gay entertainment of the liberal and genial host and hostess, it was an occasion not soon to be forgotten by the ladies and gentlemen present.

The Lunch of the Alumni of the Jefferson Medical College.

This lunch spread out at the University Club rooms was certainly one that did the greatest credit to the committee in charge thereof. It is only to be regretted that it should have been for the Alumni of the Jefferson College only. On such gala days as these we should bury all sectional feelings and should forget that we were taught under different roofs, but only bear in mind that we all labor in the same cause; that we are brothers of one family; that we are all physicians and not partisans.

Women's Medical College.

The lady physicians of this city have undoubtedly well repaid the compliment to them by the association in the pleasant manner in which they entertained the members and delegates at their beautiful college building. The inspection of their school and the hospitable as well as the graceful entertainment of the ladies were most heartily appreciated.

Drs. J. Solis Cohen and James Collins' Lunch.

This notable event of the session was in our yesterday's edition inadvertently omitted. It was too elegant and fine an entertainment to merit such a fate, and we recall the pleasure that it gave to all present, even at this hour. The liberal spread of these well-known gentlemen deserves the thanks of every member of the Association.

The Past Two Days.

The first two days of the session were as marked for the successful manner in which the business was conducted, as well as by the happy and good feeling that prevailed all around. Numerically it was certainly so far the largest and most successful meeting ever held, even excelling in this the notable session of the Centennial year. We trust that our friends from the country cannot mistake the good-will of their Philadelphia colleagues for them, and will soon insist on revisiting the City of Brotherly Love.

The Meeting in Scranton in 1885.

The selection of this favorite and well-known place in the interior of our State has given great satisfaction.

The Officers for the Coming Year.

The officers elected yesterday were from the very best members of the Association. The selection of Dr. Allen as President was a wise and judicious one.

An Invitation.

Dr. J. G. Allen extends a cordial invitation to the ladies and gentlemen attending the Medical Society to visit the Surgical Institute, Northeast corner Broad and Arch, this evening from 6 to 8, to witness the treatment of some different cases illustrating the uses of the interesting and novel massage and "movement cure" apparatus which the Institute contains. This will be a rare opportunity, and one not ordinarily within the range of observation of the busy country practitioner.